### COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight hearing on "The Impact of Catastrophic Forest Fires and Litigation on People and Endangered Species: Time for Rational Management of our Nation's Forests"

For Witnesses Representing Organizations:

- 1. Name: Jose J. Varela Lopez
- 2. Name of Organization(s) You are Representing at the Hearing:

New Mexico Cattle Growers' Association

- 3. Business Address: PO Box 7517 / Albuquerque NM 87194
- 4. Business Email Address: <u>nmcga@nmagriculture.org</u> / [Information redacted for privacy]
- 5. Business Phone Number: 505.247.0584

### Name/Organization NEW MEXICO CATTLE GROWERS' ASSOCIATION Title/Date of Hearing *The Impact of Catastrophic Forest Fires and Litigation on People and Endangered Species: Time for Rational Management of our Nation's Forests"* July 24, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

### n/a

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

### n/a

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

### n/a

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

### n/a

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

### n/a

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

### n/a

### In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Currently President-Elect & Chairman, Legislative Committee. Past service includes Northeast Regional Vice President, member of the Board of Directors, Vice Chairman of Tax & Special Issues

### Name/Organization **NEW MEXICO CATTLE GROWERS' ASSOCIATION** Title/Date of Hearing *The Impact of Catastrophic Forest Fires and Litigation on People and Endangered Species: Time for Rational Management of our Nation's Forests"* July 24, 2012

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

n/a

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

2008 - Coalition of Arizona/New Mexico Counties, et al. v. USFWS. Suit filed to contest the designation of critical habitat for the Spikedace and Loach Minnow in Arizona and New Mexico. Filed under the Endangered Species Act, 16 U.S.C. Â 153 1, et seq. and the Administrative Procedure Act, 5 U.S.C. 5 551, et seq.

2012 – Petition before the US DOI and the USFWS with Jim Chilton, New Mexico Cattle Growers' Assn., New Mexico Farm & Livestock Bureau, the New Mexico Federal Lands Council and the Texas Farm to delist the gypsum wild-buckwheat and downlist the blackcapped vireo, the Kuenzuler hedgehog cactus, the lesser long-nosed bat and the Tobusch fishhook cactus under the Endangered Species Act, pursuant to 16 U.S.C.ss 1533(b)(3)(A) and 50 C.F.R.ss 424.14

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

### n/a

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

### 2011, 2012, 2008, and 2009 NMCGA 990 returns attached

Form	8868
(Rev	January 2012)
	ent of the Treasury
Internal	Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return	'n.
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•	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
•	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part	Automatic 3-Mor	th Extension of Time.	Only submit original	(no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete
Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
print				
I	NEW MEXICO CATTLE GROWERS' ASSOCIATION	LX 85-0056700		
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)		
filing your	P.O. BOX 7517			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	ALBUQUERQUE, NM 87194-7517			

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application		F	Return
Is For	Code	Is For			Code
Form 990	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	Code       Is For         290       01       Form 990-T (corporation)         290-BL       02       Form 1041-A         290-EZ       01       Form 4720         290-PF       04       Form 5227         290-T (sec. 401(a) or 408(a) trust)       05       Form 6069         290-T (trust other than above)       06       Form 8870         TROY SAUBLE       05       Form 8870         200-DT (trust other than above)       06       Form 8870         TROY SAUBLE       505-247-0584       FAX No. ▶         and attach a list with the names and File       FAX No. ▶         and attach a list with the names and EIN       I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of ti         AUGUST 15, 2012       , to file the exempt organization return for the organization no is for the organization's return for:         X calendar year 2011 or       X calendar year 2011 or         X calendar year beginning       , and ending         If the tax year entered in line 1 is for less than 12 months, check reason:       I Initial return         If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				11
Form 990-T (trust other than above)	06	Form 8870			12
<ul> <li>The books are in the care of ► <u>2231 RIO GRAND</u></li> <li>Telephone No.► <u>505-247-0584</u></li> </ul>		FAX No. ►			
5					
	_				
				ers the extension is fo	r.
AUGUST 15, 2012 , to file the exem	•	•		The extension	
	ar	nd ending			
	, ai			_ ·	
	check reas	son: 🗌 Initial return 🗌 Fina	ıl retur	n	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069, e	enter the tentative tax, less any			_
nonrefundable credits. See instructions.	-		3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_
estimated tax payments made. Include any prior year over	payment a	allowed as a credit.	<u>3b</u>	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your p	ayment wi	th this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System)	. See instru	uctions.	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment instru	ctions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Department of the Treasury

Internal Revenue Service

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4.

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)



> The organization may have to use a copy of this return to satisfy state reporting requirements.

B         Construction         D         Employee identification number           Ministry         NEW MEXICO CATTLE GROWERS' ASSOCIATION         85-0056700           Doing Business As         Number and street (or P.0. box if mail is not delivered to street address)         Room/suite         E Telephone number           Ministry         Outpot Business As         404,393.         Address         404,393.           Ministry         F Name and address of principal officer SHACEY SULLIVAN         F Name and address of principal officer SHACEY SULLIVAN         H(a) Is this a group return         for a stress in the formation of the principal officer SHACEY SULLIVAN           I         Tracexampt status:         501(3)         X 501(2)         S 51(2)         No           He Carl describe the organization's mission or most significant activities:         TO PROMOTE & PROTECT THE CATTLE         IN brief describe the organization's mission or most significant activities:         TO PROMOTE & PROTECT THE CATTLE           INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFTED VOICE ON ISSUESE OF         2 Check this box b         If the organization's mission or most significant activities:         TO PROMOTE & PROTECT THE CATTLE           INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFTED VOICE ON ISSUESE OF         70         Contributions and grants (Part VIII, column (C), line 12         77         70         55,826.           I Driet wenore of independent voting members of the governing body	AF	For the 2	011 calendar year, or tax year beginning and	ending					
Seeder       00ing Business As       85-0056700         Instant       Number and street (or P.0. box if mall is not delivered to street address)       Room/sulte       E Telephone number         Preventer       1       0.0       S05-247-0584       404,393.         Argenizer       ALBUOURROUE, NM 87194-7517       H(a) is this a group return for affiliates includer? Tes No       No         1       Taxexempt status:       501(0)(3)       X510((1)(5)       S0       X67       No         1       Taxexempt status:       501(0)(3)       X510((1)(5)       S0       No       H(b) is this a group return for affiliates includer? Tes No       No         1       Taxexempt status:       S01(0)(3)       X510((1)(5)       S0       H(c) Group exemption number       H(c) Group exemption number         2       Number of organization:       X1 Corporation       Trust:       Association       Other I       L Year of tomation:       1964 M State of legal domicity: NM         9       Part II Summary       1       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       92         1       10       Difference of individuals enployed in calendary year 2011 (Part V, line 1a)       3       92         3       Number of voting members of the gorowning body (Part V, line 1a)		Check if applicable:	C Name of organization		D Employer iden	tification number			
Seeder       00ing Business As       85-0056700         Instant       Number and street (or P.0. box if mall is not delivered to street address)       Room/sulte       E Telephone number         Preventer       1       0.0       S05-247-0584       404,393.         Argenizer       ALBUOURROUE, NM 87194-7517       H(a) is this a group return for affiliates includer? Tes No       No         1       Taxexempt status:       501(0)(3)       X510((1)(5)       S0       X67       No         1       Taxexempt status:       501(0)(3)       X510((1)(5)       S0       No       H(b) is this a group return for affiliates includer? Tes No       No         1       Taxexempt status:       S01(0)(3)       X510((1)(5)       S0       H(c) Group exemption number       H(c) Group exemption number         2       Number of organization:       X1 Corporation       Trust:       Association       Other I       L Year of tomation:       1964 M State of legal domicity: NM         9       Part II Summary       1       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       92         1       10       Difference of individuals enployed in calendary year 2011 (Part V, line 1a)       3       92         3       Number of voting members of the gorowning body (Part V, line 1a)		Address NEW MEXICO CATTLE GROWERS' ASSOCIATION							
Image: Sector Secto		Name	ame		85-0056700				
Image: Perform       City or town, state or country, and ZIP + 4       G. Gessareselpts 4       4.04,393.         Image: Perform       Finame and address of principal officers: SHACEY SULLIVAN       His this a group return       for address of principal officers: SHACEY SULLIVAN         I Taxexempt status:       501(c)(3)       X 501(c)(5)       Image: Comparison of the comparison of		Initial		Room/suite	E Telephone number				
City or town, state or country, and ZIP + 4       ALBUQUERQUE, NM 87194-7517       G. Grave resubts 404,393.         Preder       233. RIO. GRANDE NE, ALBUQUERQUE, NM 87104       H(a) Is this a group return for affiliates?       Ves X. No (h) Ar all affiliates included? Ves No (h) (h) (h) Ar all affiliates included? Ves No (h) (h) (h) (h) Ar all affiliates included? Ves No (h)		Termin-			505	5-247-0584			
ALBQUUERQUE, NM 87194-7517       H(a) is this a group roturn for affiliates of principal officer.SHACEY SULLIVAN 2231 R1O GRANDE NE, ALBUQUERQUE, NM 87104       H(a) is this a group roturn for affiliates included? Ves No H(b) Are all affiliates included?         J Website: ►NMAGRICULTURE. ORG       H(b) is this a group roturn for affiliates.       H(b) is this a group roturn for affiliates.         J Website: ►NMAGRICULTURE. ORG       H(c) Group exemption number ►         I Bridly describe the organization: XI Corporation       Trust       Association       Other ►       L Year of formation: 1964 M State of legal domicile: NM H(c) Group exemption number ►         I Bridly describe the organization is mission or most significant activities: TO PROMOTE & PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUSES OF 2 Check this box ►       I a group and the operaning body (Part V, line 1a)       I a group and the operaning body (Part V, line 1b)       I a group and the operaning body (Part V, line 1a)         3 Number of indipendent voting members of the governing body (Part V, line 1a)       I a group and the operand the operan					G Gross receipts \$	404,39	3.		
Pending       F Name and address of principal officer:SHACEY SULLIVAN       for affiliates?       ↓ Yes       No         1       Tax-exempt status:       501(6)(3)       X 100(()       S10(()		Applica-			H(a) Is this a grou	ıp return			
I Tax-exempt status:       501(c)(3)       X       501(c)(1)       Y       4947(a)(1) or       527         J website:       NMAGRICULTURE, ORG       HC: Group exemption number ▶         K-Form of organization:       X corporation       Trust       Association       Other ▶       L Vear of formation:       196 dM State of legal domicile:       NM         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       TO PROMOTE & PROTECT THE CATTLE         1       DUDSTRY IN NEW MEXICO BY PROVIDING A UNIFFED VOICE ON ISSUSES OF         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       4       822         4       Number of voting members of the governing body (Part VI, line 2a)       6       7         6       Total number of volunteers (estimate if necessary)       6       0         7       Total number of volunteers (estimate if necessary)       164.961.178.5955.       17.675.7.475.178.5955.10.163.208.157.7.475.178.5955.10         9       Program service revenue (Part VII, column (A), lines 3.4, and 7d)       284.1700.10.178.5955.10.165.6555.116.974.4.170.110.1162.178.5955.10.10.0.0.0.155.555.116.974.4.170.110.155.6555.116.974.4.170.110.155.6555.116.974.4.170.110.155.6555.116.974.4.170.110.15		pending	F Name and address of principal officer: SHACEY SULLIVAN		for affiliates?	Yes XI	No		
J       Website:       NMAGRICULTURE.ORG       H(c) Group exemption number         K       Form of organization:       X I Corporation       Trust       Association       Other       L Year of formation:       1964       M State of legid domicile: NM         Part II       Summary       I       Briefly describe the organization's mission or most significant activities:       TO       PROMOTE & PROTECT       THE CATTLE         INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUES OF       Check this box       If the organization discontinue di soperations or disposed of more than 25% of its net assets.       3         3       Number of individuals employed in calendar year 2011 (Part V, line 1a)       4       822         4       Number of individuals employed in calendar year 2011 (Part V, line 2a)       6       7         6       Total number of volunteers (estimate if necessary)       6       0       7       a 55, 82.6       p       v1 (0, 607>         9       Program service revenue (Part VII, column (A), line 3, 4, and 70)       164, 961.       178, 595       176, 410, 4961.       178, 595         9       Program service revenue (Part VII, dolumn (A), lines 3, 4, and 70       284       170       164, 961       178, 595         10       Instrument and similar amounts paid (Part X), column (A), line 4)       0			2231 RIO GRANDE NE, ALBUQUERQUE, NM 8	7104	H(b) Are all affiliates	s included? 🔄 Yes 📃 I	No		
K form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1964 M State of legal domicile: NM         Part I       Summary         1       Briefly describe the organization's mission or most significant activities:       TO       PROMOTE & PROTECT THE CATTLE         1       INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUSES OF       2         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       82         4       Number of independent voting members (estimate if necessary)       6       70         6       Total number of volunteers (estimate if necessary)       7       6       0         7       a total nurelated business revenue from Form 990-T, line 34       163, 208, 157, 475.       10, 607.>         9       Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)       163, 208, 157, 475.       10         10       there revenue (Part VIII, column (A), lines 5, 44, a0 70)       164, 961.       178, 595.       10         11       Other revenue (Part VIII, column (A), lines 5, 4, and 70)       1654, 303.       0.       0.       0.       0.       0.       0.	1	Tax-exem	pt status: 501(c)(3) X 501(c) ( 5 _ ) ◀ (insert no.) 4947(a)(1)	or 52	7 If "No," attac	ch a list. (see instructions)			
Part I       Summary <ul> <li>Briefly describe the organization's mission or most significant activities: TO PROMOTE &amp; PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUSES OF</li> <li>Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets.</li> </ul> <li>Number of voting members of the governing body (Part VI, line 1a)</li> <li>A number of individuals employed in calendar year 2011 (Part V, line 2a)</li> <ul> <li>Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)</li> <li>Fotal number of volunteers (estimate if necessary)</li> <li>Fotal numelated business taxable income from Form 9007, line 34.</li> </ul> <li>B Contributions and grants (Part VIII, line 1h)</li> <li>Prior Year</li> <li>Current Year</li> <li>D Investment income (Part VIII, column (A), lines 3, 4, and 7d)</li> <li>Current Year</li> <li>Contributions and grants (Part VIII, line 1m)</li> <li>Contraits and similar amounts paid (Part X, column (A), lines 1-3)</li> <li>Contraits and similar amounts paid (Part X, column (A), lines 1-3)</li> <li>Contraits and similar amounts paid (Part X, column (A), lines 2)</li> <li>Contal expenses. Add lines 3.41.710.4116.4465, 325.</li> <li>Cotal expenses. Add lines 3.41.710.4116.4465, 326.</li> <li>Total expenses. Add lines 3.41.710.4116.4465, 326.</li> <li>Total expenses. Add lines 1.41.710.4116.4466.</li> <li>Cotal sestes (Part X, column (A), line 25) .</li> <li>Cotal sestes (Part X, column (A), line 12.</li> <li>Stalaris, other compenses (Par</li>									
and the set of the set				L Yea	r of formation: 196	4 M State of legal domicile:	<u>NM</u>		
INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUSES OF         2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voling members of the governing body (Part VI, line 1a)       3 82         4 Number of independent voling members of the governing body (Part VI, line 1a)       3 82         5 Total number of independent voling members of the governing body (Part VI, line 1a)       4 82         5 Total number of independent voling members of the governing body (Part VI, line 2a)       5 77         6 Total number of volunteers (estimate if necessary)       6 0         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a 55,82.6         b Net unrelated business revenue from Porm 990-T, line 34.       Prior Year         9 Program service revenue (Part VIII, line 1h)       163,208.       157,475.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       284.       170.         11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       284.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.       0.         13 Baries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       165,655.       116,974.       163,238.       28,352.         14 Benefits paid to or for members (Part IX, column (A), line 25	P								
e       A number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of individuals employed in calendar year 2011 (Part V, line 2a)       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0 <td>e</td> <td>1 Br</td> <td>iefly describe the organization's mission or most significant activities: <math>{\ { m TO} \ \ P}</math></td> <td>ROMOT</td> <td>E &amp; PROTEC</td> <td>T THE CATTLE</td> <td></td>	e	1 Br	iefly describe the organization's mission or most significant activities: ${\ { m TO} \ \ P}$	ROMOT	E & PROTEC	T THE CATTLE			
e       A number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of individuals employed in calendar year 2011 (Part V, line 2a)       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0 <td>ů.</td> <td>I I</td> <td>NDUSTRY IN NEW MEXICO BY PROVIDING A UN</td> <td>IFIED</td> <td>VOICE ON</td> <td>ISSUSES OF</td> <td></td>	ů.	I I	NDUSTRY IN NEW MEXICO BY PROVIDING A UN	IFIED	VOICE ON	ISSUSES OF			
e       A number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of individuals employed in calendar year 2011 (Part V, line 2a)       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0 <td>Sr n.</td> <td>2 Cł</td> <td>neck this box 🕨 🛄 if the organization discontinued its operations or dispo</td> <td>osed of mo</td> <td>re than 25% of its ne</td> <td></td> <td></td>	Sr n.	2 Cł	neck this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of mo	re than 25% of its ne				
e       A number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of individuals employed in calendar year 2011 (Part V, line 2a)       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0 <td>No.</td> <td>3 NI</td> <td>•</td> <td></td> <td></td> <td></td> <td></td>	No.	3 NI	•						
b Net unrelated business taxable income from Form 990-T, line 34       17b       <10, 607.>         Prior Year       Current Year         163, 208.       157, 475.         9 Program service revenue (Part VIII, line 2g)       164, 961.       178, 595.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 655.       116, 974.         16a Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18         18 Total fundraising expenses. Column (D), line 25)       0.       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       19       19       Revenue less expe	 	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)						
b Net unrelated business taxable income from Form 990-T, line 34       17b       <10, 607.>         Prior Year       Current Year         163, 208.       157, 475.         9 Program service revenue (Part VIII, line 2g)       164, 961.       178, 595.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 655.       116, 974.         16a Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18         18 Total fundraising expenses. Column (D), line 25)       0.       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       19       19       Revenue less expe	es	5 To							
b Net unrelated business taxable income from Form 990-T, line 34       17b       <10, 607.>         Prior Year       Current Year         163, 208.       157, 475.         9 Program service revenue (Part VIII, line 2g)       164, 961.       178, 595.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 655.       116, 974.         16a Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18         18 Total fundraising expenses. Column (D), line 25)       0.       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       19       19       Revenue less expe	iviti	6 To							
b Net unrelated business taxable income from Form 990-T, line 34       17b       <10, 607.>         Prior Year       Current Year         163, 208.       157, 475.         9 Program service revenue (Part VIII, line 2g)       164, 961.       178, 595.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 655.       116, 974.         16a Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18         18 Total fundraising expenses. Column (D), line 25)       0.       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       19       19       Revenue less expe	Act	7 a To							
8       Contributions and grants (Part VIII, line 1h)       163,208       157,475         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       164,961       178,595         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65,315       68,153         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.0       0.0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.0       0.0         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.0       0.0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0       0.0         16a       Professional fundraising fees (Part IX, column (A), line 25)       0.0       0.0         17       Other expenses (Part IX, column (A), line 11e)       0.0       0.0         18       Total supenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.0       0.0         19       Revenue less expenses. Subtract line 18 from line 12       280,492.328,352.       328,352.         19       Revenue less expenses. Subtract line 18 from line 12       251,623.482,2366.       21,623.482,2366.         21       Total assets (Part X, line 26)       2.603.4,149.       2.603.4,149.	_	b Ne	et unrelated business taxable income from Form 990-T, line 34	<u></u>			<u> /.</u> >		
9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       164, 961.       178, 595.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       284.       170.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       165, 6555.       116, 974.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       280, 492.       328, 352.       328, 352.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       252, 379.>       <40, 933.>         20       Total assets (Part X, line 16)       22.       521, 623.       482, 236.         21       Total labilities (Part X, line 26)       2, 603.       4, 149.				-					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       053, 313.       067, 133.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 6555.       116, 974.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         b       Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       0.       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       280, 492.       328, 352.         18       Total expenses. Subtract line 18 from line 12       <280, 492.	อี	8 C							
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       053, 313.       067, 133.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 6555.       116, 974.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         b       Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       0.       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       280, 492.       328, 352.         18       Total expenses. Subtract line 18 from line 12       <280, 492.	iuə/	9 Pr	•	I					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       053, 313.       067, 133.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 6555.       116, 974.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         b       Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       0.       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       280, 492.       328, 352.         18       Total expenses. Subtract line 18 from line 12       <280, 492.	Rev	10 In		1					
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       165, 655.       116, 974.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       280, 492.       328, 352.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       446, 147.       445, 326.         19       Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>          20       Total assets (Part X, line 16)       2, 603.       4, 149.         2, 603.       4, 149.         21       Total liabilities (Part X, line 26)       2, 603.       4, 149.         519, 020.       478, 087.         22       Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.           <	_	11 0							
10       Control of the child of the control of the con									
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16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       0.       280, 492.       328, 352.         17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       280, 492.       328, 352.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       446, 147.       445, 326.         19 Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>         20 Total assets (Part X, line 16)       2.       521, 623.       482, 236.         21 Total liabilities (Part X, line 26)       2.603.       4.149.         22 Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.         Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is			•						
17       Other expenses (Part IX, column (A), lines T1a-T10, T11-249)       200, 4922, 520, 3921         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       446, 147.       445, 326.         19       Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>         20       Total assets (Part X, line 16)       521, 623.       482, 236.         21       Total liabilities (Part X, line 26)       2, 603.       4, 149.         22       Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ses	15 Si	• • • • •						
17       Other expenses (Part IX, column (A), lines T1a-T10, T11-249)       200, 4922, 520, 3921         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       446, 147.       445, 326.         19       Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>         20       Total assets (Part X, line 16)       521, 623.       482, 236.         21       Total liabilities (Part X, line 26)       2, 603.       4, 149.         22       Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ens	16a P		<b>•</b> •		<u> </u>	0.		
17       Other expenses (Part IX, column (A), lines T1a-T10, T11-249)       200, 4922, 520, 3921         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       446, 147.       445, 326.         19       Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>         20       Total assets (Part X, line 16)       521, 623.       482, 236.         21       Total liabilities (Part X, line 26)       2, 603.       4, 149.         22       Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		b To			280 40	2 328 35	52		
19       Revenue less expenses. Subtract line 18 from line 12       <52,379.>       <40,933.>         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       521,623.       482,236.         21       Total liabilities (Part X, line 26)       2,603.       4,149.         22       Net assets or fund balances. Subtract line 21 from line 20       519,020.       478,087.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		'  <b>1</b> 7 U							
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       521,623.       482,236.         21       Total liabilities (Part X, line 26)       2,603.       4,149.         22       Net assets or fund balances. Subtract line 21 from line 20       519,020.       478,087.         Part II         Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is									
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		19 R	evenue less expenses. Subtract line 18 from line 12				<u>/////////////////////////////////////</u>		
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ts o						36		
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	Asse		•	1					
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ریے 1	<u>L 22 N</u> Part II				<u> </u>			
				les and state	ments, and to the best	of my knowledge and belief.	it is		

Sign	Signature of officer	Date
Here	SHACEY SULLIVAN, SECRETARY-TREASURER Type or print name and title	
	Print/Type preparer's name Print Pri	Date Check PTIN
Paid	DAVID A. RASMUSSEN	06/01/12 self-employed P00301171
Preparer	Firm's name DAVID A. RASMUSSEN, PC	Firm's EIN <b>85-0407093</b>
Use Only	Firm's address 8708 SECOND STREET NW	
	ALBUQUERQUE, NM 87114	Phone no. (505)878-0829
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
132001 01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Page 2
Par	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE & PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A
	UNIFIED VOICE ON
	ISSUES OF ECONOMIC IMPORTANCE TO THR CATTLE INDUSTRY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-FZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$) (Revenue \$)
	ANNUAL & QUARTERLY TRADE ASSOCIATION MEETINGS ARE PROVIDED FOR
	MEMBERSHIP INPUT RELATED TO THE CATTLE INDUSTRY. BENEFITS ALL MEMBERS
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
-10	REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING
	MEETINGS ATHE REGIONAL & NATIONAL LEVEL AS WELL AS STATE LEGISLATURE.
	BENEFITS ALL MEMBERS
4c	(Code:) (Expenses \$) (Revenue \$_Revenue \$_Reven
	COORDINATED, COMMUNICATIONS PROVIDED TO MEMBERS, & INSURANCE PROGRAM
	CAN BE PROVIDED. BENFITS ALL MEMBERS
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4</u> e	Total program service expenses

e.

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Form 990 (2011)

	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056	700	Pa	age <b>3</b>
I GI			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
	If "Yes," complete Schedule A	1		X
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4	l	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u>`</u>		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		x
•	Schedule D, Part III			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<u>†</u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	x
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		<u> </u>	<b></b>
С		11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u> </u>		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	1 Ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI, XII, and XIII	120		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	<u>14b</u>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		<b>v</b>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	+	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	

Form 990 (2011)

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## Form 990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION Part IV Checklist of Required Schedules (continued) Continued) Continued Contind Continued Contind

-			1	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			х
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			х
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>_</u>
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	200		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		
	Schedule L, Part I	200		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		x
~~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
	of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		x
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	1	
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
~~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-25		
30		30		x
	contributions? If "Yes," complete Schedule M		1	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
~~	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		x
~~	Schedule N, Part II	02		+
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
~	Was the organization related to any tax-exempt or taxable entity?			<b></b>
34		34		x
	If "Yes," complete Schedule R, Parts II, II, IV, and V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 312(b)(13)?	004		- <u>*</u>
D	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
~~	Section 512(0)(13) 7 if Yes, complete Schedule P, Fart V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1000	1	+
36		36		
<b>6</b> -	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		+
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
00	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	- 57		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
		1 00	1 43	

Form 990 (2011)

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Form	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATIO	N	85-0056	700	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V	<u></u>	<u></u>			
				_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming	3120		
	(gambling) winnings to prize winners?			<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	7	2.34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	rns?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)		18.4		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
	If "Yes," enter the name of the foreign country:					
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.		a di	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	i	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
0u	any contributions that were not tax deductible?			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		<b>J</b>	6b		
7	Organizations that may receive deductible contributions under section 170(c).	••••				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the pavor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
С	to file Form 8282?		lanoa	7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	10		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		
e				7f		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			79 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			- /11		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	i any in	me during the year r	8		1
9	Sponsoring organizations maintaining donor advised funds.			0-		
а	Did the organization make any taxable distributions under section 4966?			<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••		9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_10b		1		
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders	<u>11a</u>		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		<u>12a</u>		+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-	
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>	1	1
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b	•			
	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		•••••	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O		14b		

Form <b>990</b>	(2011)
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NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Pag	1	NEW MEXICO	) CATTLE	GROWERS'	ASSOCIATION	85-0056700	Page 6
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Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI	
Check if Schedule O contains a response to any question in this Part VI	

X

Sec	tion A. Governing Body and Management					
		Ι.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	82			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				-	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	82			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				v	
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under th					37
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_	77	
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				37	
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				37	
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Heven	ue Code.)			
				40-	Yes	
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such			104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	┼──
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay be	tore ming the torm?	<u>11a</u>	<b>A</b>	
b				10-	x	
12a			onfliata0	12a 12b	X	
b				120	_ <u>A</u> _	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120	x	
	in Schedule O how this was done			13		x
13	Did the organization have a written whistleblower policy?				X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	- 23	
15	Did the process for determining compensation of the following persons include a review and appro		Independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official			15a	x	
	•				X	+
b	Other officers or key employees of the organization			100		+
40	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	omon	t with a			
10a	-			16a		x
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	it	s narticination	-104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b	1	
Sec	tion C. Disclosure		<u></u>		· · · · · · ·	
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MM					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	D-T (Se	ction 501(c)(3)s only	availa	ble	
10	for public inspection. Indicate how you made these available. Check all that apply.	,				
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	confli	ct of interest policy. a	nd fina	ncial	
	statements available to the public during the tax year.		21 -			
20	State the name, physical address, and telephone number of the person who possesses the books	and	ecords of the organiz	ation:		
	SHACEY SULLIVAN - 505-247-0584					
	2231 RIO GRANDE BLVD NW, ALBUQUERQUE, NM 87104					

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#### Form 990 (2011) NEW MEXICO CATTLE GROWERS 'ASSOCIATION 85-0056700 Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

### Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	( <b>B)</b> Average hours per week	(do box offi	not ci , unie: cer an	(C Posi heck i ss per d a di	ition	than o s boti r/trus	one h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE ATTACHED LISTING	0.00							0.	0.	0.
				-						
		-								
		+								
		1			1				· · · · · · · · · · · · · · · · · · ·	
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Part	VII Section A. Of	ficers, Directors, Tru	istees, Key En	nplo	yee	s, aı	nd H	ligh	est	Compensated Employ	ees (continued)			
	(A)		(B)			_ (C				(D)	(E)		(F)	
	Name and	title	Average		not ch	neck i		than o		Reportable	Reportable		timate	
			hours per week	box, offic	, unles	s pei d a di	rson i irecto	s both r/trus	n an tee)	compensation from	compensation from related	an	nount other	
			(describe	ctor						the	organizations	com	pensa	
			hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)		om th	
			related	stee o	rustee			pensa		(W-2/1099-MISC)		-	anizat	
			organizations in Schedule	ual tru	ional 1		playe	t com					d relat anizat	
			0)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Uigi	anzai	10113
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	Sub-total									0.	0			0.
	Total from continua									0.	0			0.
d	Total (add lines 1b a	ind 1c)		<u></u>		<u></u>	<u></u>			0.	0	•		0.
			not limited to t	nose	9 list	ed a	IDOV	'e) W	no r	received more than \$10	0,000 of reportable			0
	compensation from t	ne organization											Yes	
2	Did the organization	list any former office	r director or tr	ueta	o k	av e	mnl	ovec	or	highest compensated e	emplovee on			
												3		x
4	For any individual list	ed on line 1a, is the s	sum of reportat	' ole c	omp	ens	atio	n an	d ot	her compensation from	the organization			
-	and related organizat	tions greater than \$1	50,000? If "Yes	," co	omp	lete	Sch	edu	le J	for such individual		. 4		X
5										ted organization or indiv		1214		
												5		X
Sect	ion B. Independent													
1										that received more than		nsation	from	
	the organization. Rep	port compensation fo	r the calendar	year	end	ing	with	orv	vithi	n the organization's tax	year.			
		(A) Name and busines	e addrees			17				(B) Description of	services	Comp	(C) ensati	ion
				IN	<u>ION</u>	<u> </u>								
	Takal aroush are after t	nondont contractor	(includio - hut		limit	od +	0.+-	000	liete	d above) who received	more than			
2		pendent contractors		not		ou t	u u	059	1318					

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	990 (2	2011) NEW M	EXICO CA	TTLE GROW	ERS' ASSO	CIATION	85-0056	700 Page <b>9</b>
Par	t VIII	Statement of Reven			<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its i	1 a	Federated campaigns	1a					
Contributions, Gitts, Grants and Other Similar Amounts	b	Membership dues	1b	157,475.				
S E	с	Fundraising events	10		5 6 1 9 24			
ar		Related organizations						
s, E	е	Government grants (contributi	ons) 1e					
	f	All other contributions, gifts, grant	s, and	<u></u>				
		similar amounts not included abov	/e <b>1f</b>					
FO FD	g	Noncash contributions included in lines	1a-1f: \$					
3 6	h	Total. Add lines 1a-1f		<u> </u>	157,475.			
				Business Code				
e l	2 a	CONVENTIONS & M	EETINGS	900099	148,110.			
Ξø	b	LEGAL & ENVIRON	MENTAL	900099	25,011.			
Program Service Revenue	С	FEEDER PROGRAM		900099	2,999.			
lever	d	THEFT REWARD PR	OGRAM	900099	2,075.			
БЩ.	е	ALLIED INDUSTRI	ES	900099	400.	400.		
à	f	All other program service reve	nue			ļ		
	g	Total, Add lines 2a-2f			<u>178,595.</u>			
	3	Investment income (including			4 = 0	1.50		
		other similar amounts)			170.	170.		
	4	Income from investment of tax	x-exempt bond	proceeds		· · · · · · · · · · · · · · · · · · ·		
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents	10,411	•				letter i terre
		Less: rental expenses						
		Rental income or (loss)	10,411		10.111			10 411
		Net rental income or (loss)			10,411.			10,411.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory				lado-ta rod		
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····				
en	8 a	Gross income from fundraisin						
/eu		including \$						1.25
Other Revenue		contributions reported on line						
ler		Part IV, line 18						
Oth		Less: direct expenses		b				
	c							
	9 a	Gross income from gaming a		_				
		Part IV, line 19		a b	1. 1. 2. 1. 1.			1
		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from gan</li> </ul>						
		Gross sales of inventory, less						
	10 a	and allowances			Barris Sheer			
	6	Less: cost of goods sold		b				final second
	1	Net income or (loss) from sale		-				
	<u>c</u>	Miscellaneous Revenu		Business Code				
	11 a	THEFT AND AND		561000	46,854		46,854.	
		ADMIN FEES		541800	8,972		8,972.	
		NT COULT A ANDOLLO		900099	1,916			
	1	All other revenue						
		Total. Add lines 11a-11d			57,742			
	12	Total revenue. See instructions.			404,393		55,826.	10,411

#### Form 990 (2011)

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### NEW MEXICO CATTLE GROWERS' ASSOCIATION

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to governments and				
	rganizations in the United States. See Part IV, line 21				
<b>2</b> G	arants and other assistance to individuals in				
th	ne United States. See Part IV, line 22				
<b>3</b> G	arants and other assistance to governments,				
	rganizations, and individuals outside the				
U	Inited States. See Part IV, lines 15 and 16				
4 B	Benefits paid to or for members				
	Compensation of current officers, directors,				
ti	rustees, and key employees				
6 C	compensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 0	Other salaries and wages	108,029.			
<b>8</b> P	Pension plan accruals and contributions (include				
S	ection 401(k) and section 403(b) employer contributions)				
9 (	Other employee benefits				
0 F	Payroll taxes	8,945.			
1 F	ees for services (non-employees):				
аN	Management				
bι	_egal	48,000.			
	Accounting	4,280.			
	_obbying				
e F	Professional fundraising services. See Part IV, line 17				
fl	nvestment management fees				
	Other				
	Advertising and promotion	10,265.			
	Office expenses	10,510.			
	nformation technology				
	Royalties				
	Occupancy				
	Travel	6,509.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	127,203.			
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	4,744.			
	Insurance				
24	Other expenses, Itemize expenses not covered				
i	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	the Minter			
	INSURANCE	23,044.			
	LEGISLATIVE	13,950.			
	AWARDS & SCHOLARSHIPS	11,040.	· ·		
	MEETING & MEMBERSHIP	8,004.			
	All other expenses SEE SCH O	60,803.			
		445,326.			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				1

132011 01-23-12

Form 990 (		_	NEW	M
Part X	Balance	Sheet		

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## MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Page 11

Par	[ ]	Balance Sneet			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			106,544.	1	112,060.
	2	Savings and temporary cash investments			354,872.	2	329,884.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			25,805.	4	6,111.
	5	Receivables from current and former officers, di					
1		employees, and highest compensated employee	es. Comple	te Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as				167.0	
		4958(f)(1)), persons described in section 4958(c		1			
		employers and sponsoring organizations of sect					
w		employees' beneficiary organizations (see instru	ctions)			6	· · · · · · · · · · · · · · · · · · ·
Assets	7	Notes and loans receivable, net				7	
Asi	8	Inventories for sale or use				8	1 000
	9	Prepaid expenses and deferred charges			1,429.	9	1,029.
	10a					1.00	
		basis. Complete Part VI of Schedule D	10a	208,184.		(C20) E.	22.150
	b	Less: accumulated depreciation	·	175,032.	32,973.		33,152.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		(		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			501 600	15	400 000
	16	Total assets. Add lines 1 through 15 (must equ			521,623.		482,236.
	17	Accounts payable and accrued expenses			2,603.	1	4,149.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Payables to current and former officers, directo					
iat.	ļ	highest compensated employees, and disqualit					
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line				25	
		Schedule D Total liabilities, Add lines 17 through 25			2,603.		4,149.
	26	Organizations that follow SFAS 117, check h	oro 🕨	X and complete	2,005	20	
Ce	07	lines 27 through 29, and lines 33 and 34.			519,020.	27	478,087.
llan	27	Unrestricted net assets Temporarily restricted net assets			01970200	28	
Ba	28 29					29	
pun	23	Organizations that do not follow SFAS 117, o					and the second
Ē	1	complete lines 30 through 34.					
s S	20	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e				31	·····
ťĄŝ	32	Retained earnings, endowment, accumulated i				32	
Ne	33	Total net assets or fund balances			519,020		478,087.
	34	Total liabilities and net assets/fund balances			521,623		482,236.
							Form <b>990</b> (2011)

Form **990** (2011)

Form	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-005	<u>6700</u>	Pag	е <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>4,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>5,3</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>33.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51	9,0	20.
5	Other changes in net assets or fund balances (explain in Schedule O)	_5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	47	8,0	<u>87.</u>
Pa	t XII Financial Statements and Reporting				<u> </u>
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		n =	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	_	1	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1.00		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. <u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	. <u>3b</u>		
			Form	990	(2011)

132012 01-23-12

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### Schedule B

(Form	990,	990-EZ,
or 990	-PF)	

Ora

File

Forr

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

## 2011

Employer identification number

N	ame	of	the	organization	
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	NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
anization type (che	rck one):	
rs of:	Section:	
n 990 or 990-EZ	X 501(c)( 5) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	ation

[		527	political	organization
---	--	-----	-----------	--------------

501(c)	3) exempt private foundation
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4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%
of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

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### NEW MEXICO CATTLE GROWERS' ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	VARIOUS-ALL UNDER \$5,000 INDIVIDUALLY PO BOX 7517 ALBUQUERQUE, NM 871947517	\$0.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	VARIOUS DUES PO BOX 7517 ALBUQUERQUE, NM 871947517	\$ <u>157,475.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

anization

85-0056700

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

123453 01-23-12

### NEW MEXICO CATTLE GROWERS' ASSOCIATION

### Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		   \$	

Employer identification number

85-0056700

Schedule B	(Form 990, 990-EZ, or 990-PF) (2011)		Page 4						
Name of orga	nization		Employer identification number						
NEW ME	XICO CATTLE GROWERS' A	SSOCIATION	85-0056700						
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and th	idual contributions to section 501(c)(7), re following line entry. For organizations co	(8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter year. (Enter this information once) \$\$						
	the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additiona	., contributions of \$1,000 or less for the y al space is needed.	year. (Enter this information once ) 🕨 Ф						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-		(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(a) Transfer of sift							
	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		·							
-		(e) Transfer of gift	L						
F	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee						

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SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047						
(Form 990 or 990-EZ)	For Orga	For Organizations Exempt From Income Tax Under section 501(c) and section 527									
Department of the Treasury Internal Revenue Service											
If the organization ans	the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then										
<ul> <li>Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.</li> </ul>											
• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.											
	Section 527 organizations: Complete Part I-A only. the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then										
		ave filed Form 5768 (election und									
		ave NOT filed Form 5768 (election									
		form 990, Part IV, line 5 (Proxy T									
-		ons: Complete Part III.	••								
Name of organization						er identification number					
	NEW MEX	CO CATTLE GROWER	S' ASSOCIAT	ION	-07	85-0056700					
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c) (	or is a section :	bz/ orga						
				Dent N/							
		ation's direct and indirect political			<b>a</b>						
3 Volunteer hours				•••••••	····· <u> </u>	<u> </u>					
Part I-B Compl	ete if the ora	anization is exempt unde	r section 501(c)(	3).							
		ncurred by the organization unde									
2 Enter the amount of	of any excise tax i	ncurred by organization manager	s under section 4955		▶\$						
3 If the organization	incurred a section	1 4955 tax, did it file Form 4720 fo	r this year?			Yes No					
4a Was a correction n	nade?					Yes No					
b If "Yes," describe i	n Part IV.				F04(-)						
		anization is exempt unde									
		l by the filing organization for sect			🏲 💲						
		zation's funds contributed to othe									
					► \$ _						
		. Add lines 1 and 2. Enter here an			<b>s</b>						
		1120-POL for this year?				Yes No					
		nployer identification number (EIN									
made payments. F	or each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also	enter the a	amount of political					
contributions rece	ived that were pro	omptly and directly delivered to a	separate political orga	anization, such as a							
political action cor	m <b>m</b> ittee (PAC). If	additional space is needed, provid	le information in Part	IV.							
(a) Nam	IE	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political					
				filing organizati funds. If none, er		ontributions received and promptly and directly					
						delivered to a separate					
						political organization. If none, enter .0.					
	I										
		· · · · · · · · · · · · · · · · · · ·				·					
- <u>-</u>											
, <u> </u>											
<u> </u>			l								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2011

(á)

Schedule C (Form 990 or 990 EZ) 2011 NE	W MEXI	CO CATTLE GROWI	ERS' ASSOCIA 501(c)(3) and file	<u>ATION 85-(</u> ed Form 5768	056700 Page 2
(election under sectio					
		an affiliated group (and list in	Part IV each affiliated	aroup member's nar	ne. address. EIN.
expenses, and share o			Tart IV Subir annatou	group momor e na	, aaarooo, 200,
•		ox A and "limited control" prov	visions apply.		
Limits c	on Lobbying	Expenditures amounts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influen					
b Total lobbying expenditures to influen	ice a legislat	ve body (direct lobbying)			
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter t	he amount f	om the following table in both	n columns.		
If the amount on line 1e, column (a) or (b	) is: <u> </u>	he lobbying nontaxable amo	ount is:		
Not over \$500,000	2	0% of the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00 \$	100,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$	175,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$	225,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$	1,000,000.			8 9 9 34
g Grassroots nontaxable amount (enter	25% of line	1f)			
h Subtract line 1g from line 1a. If zero o	or less, enter	-0			
i Subtract line 1f from line 1c. If zero of	r less, enter	0			
j If there is an amount other than zero	on either line	1h or line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year	ar?			<u></u>	Yes No
(Some organizati colui	ions that m	ear Averaging Period Under ade a section 501(h) election See the instructions for line	n do not have to comp	plete all of the five age 4.)	
		Expenditures During 4-Yea			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d</b> ) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					1
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	100				
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

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### Schedule C (Form 990 or 990 EZ) 2011 NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b)	)
	lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?Other activities?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Ч	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		<u> </u>
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	I "No" OI	R (b) Part	III-A, lin	e 3, is
1					112101
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures)	icai			
	expenses for which the section 527(f) tax was paid).		2a	1:	3,950.
	Current year				9,248.
	Carryover from last year				3,198.
C					5,150.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			2	3,198.
	expenditure next year?				5,190.
5	Taxable amount of lobbying and political expenditures (see instructions)		5	i	
	rt IV Supplemental Information	ort II As and	Dort II D II		complete
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	an in A; and	i r*ai t 11•⊡, 111	10 T. AISO,	complete
this	part for any additional information.				

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SCHEDULE D

Department of the Treasury Internal Revenue Service

#### (Form 990)

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.



Name of the organization

	NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
Par		ccounts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Par		line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Line in a state Find of the Ten Verse
		Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	2d
•	listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
3		mization during the tax
4	year ► Number of states where property subject to conservation easement is located ►	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	
Ŭ	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а		
b	Assets included in Form 990, Part X	🕨 \$

7 <u>ar</u>	dule D (Form 990) 2011 NEW MEX						85-00			ge <b>2</b>
_	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the following tha	t are a sig	nificant	use of its o	collection	items	
	(check all that apply):									
а	Public exhibition	d		or exchange progra						
b	Scholarly research	e	Othe							
С	Preservation for future generations									
	Provide a description of the organization's co						ose in Part	XIV.		
	During the year, did the organization solicit o							-		
	to be sold to raise funds rather than to be ma							Yes		No
<sup>2</sup> ar	t IV Escrow and Custodial Arran	-	ete if the orga	nization answered	"Yes" to F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa							2		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for cont	ibutions or other as	sets not i	ncluded		-	_	
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table			·				
								Amoun		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on F							Yes		No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete i	f the organization a	nswered "Yes	" to Form 990, Part	IV, line 10	).				
		(a) Current year	(b) Prior	vear (c) Two yea	rs back (	d) Three	years back	(e) Fou	years I	back
a	Beginning of year balance									2
b	Contributions									
c	Net investment earnings, gains, and losses							<b>Fally</b>		
ď	Grants or scholarships									
ă	Other expenditures for facilities							1000		
C	and programs									
÷	Administrative expenses									
	End of year balance								51.1	1.
g	Provide the estimated percentage of the cur		ce (line 1g. cr	lumn (a)) held as:						
2			%							
a	Board designated or quasi-endowment  Permanent endowment	%	70							
С										
	The percentages in lines 2a, 2b, and 2c sho				ared for th		Tation			
	Are there endowment funds not in the posse	ession of the organia	zation that an	and administ	ered for ti	le organi	zation		Yes	Na
5a										
Ба	by:							0-1	103	No
ba	by: (i) unrelated organizations								103	
	by: (i) unrelated organizations							. <u>3a(ii)</u>		
	by: (i) unrelated organizations	s listed as required	on Schedule	R?				. <u>3a(ii)</u>		
ь 4	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th	s listed as required e organization's enc	on Schedule lowment func	R? s.				. <u>3a(ii)</u>		
ь 4	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th rt VI Land, Buildings, and Equipr	s listed as required e organization's enc nent. See Form 99	on Schedule lowment func 10, Part X, line	R? s 10.	······			3a(ii) 3b		
ь 4	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th	s listed as required e organization's enc nent. See Form 99 (a) Cost or	on Schedule lowment func 00, Part X, line other	R? s. 10. b) Cost or other	(c) Ac	ccumulat	ed	. <u>3a(ii)</u>		
b 4 Pa	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th rt VI Land, Buildings, and Equipr Description of property	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? Is. 10. b) Cost or other basis (other)	(c) Ac		ed	3a(ii) 3b	k valu	9
b 4 2a	by: (i) unrelated organizations	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? 10. b) Cost or other basis (other) 4, 303.	(c) Ac	ccumulat	ed I	. 3a(ii) 3b (d) Boo	k valu 4 , 3	ə 03.
b 1 Pai	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th rt VI Land, Buildings, and Equipr Description of property	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? Is. 10. b) Cost or other basis (other)	(c) Ac	ccumulat	ed I	. 3a(ii) 3b (d) Boo	k valu	ə 03.
b 4 Dai 1a b	by: (i) unrelated organizations	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? 10. b) Cost or other basis (other) 4, 303.	(c) Ac	ccumulat	ed I	. 3a(ii) 3b (d) Boo	k valu 4 , 3	ə 03.
b 4 7ai 1a b c	by: (i) unrelated organizations	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? 10. b) Cost or other basis (other) 4, 303.	(c) Ac	ccumulat preciation 99,4	ed 1 20.	. 3a(ii) 3b (d) Boo	k value 4,3 0,0	⇒ 03. 46.
b 4 7 a 1 a b c d	by: (i) unrelated organizations	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? 10. b) Cost or other basis (other) 4, 303.	(c) Ac dep	ccumulat	ed 1 20.	. <u>3a(ii)</u> 3b (d) Boo	k valu 4 , 3	e 03. 46.

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Schedule D (Form 990) Part VII Investm	2011 NEW MEXICO ents - Other Securities. Set			85-0056700 Page 3
	n of security or category Ig name of security)	<b>(b)</b> Book value		od of valuation: of-year market value
(1) Financial derivatives	S			
	interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	· · · · · · · · · · · · · · · · · · ·			
(1)				
	Form 990, Part X, col (B) line 12.)			
Part VIII Investm	ents - Program Related. s	ee Form 990 Part X line 1	3.	
· ···-	tion of investment type	(b) Book value	(c) Metho	od of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal	I Form 990, Part X, col (B) line 13.) 🕨			
	ssets. See Form 990, Part X, line	e 15.		
	(a	) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	st equal Form 990, Part X, col (B) lir	ne 15)	·····	
	iabilities. See Form 990, Part X			
1.	(a) Description of liability		(b) Book value	
(1) Federal incom	e taxes			
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total (Column (b) mu	st equal Form 000 Part Y col /P) li	ne 25 )		
FIN 48 (ASC 740) Footno	st equal Form 990, Part X, col (B) li ite. In Part XIV, provide the text of the footnote	to the organization's financial states	ments that reports the organization's liab	ality for uncertain tax positions under
132053 01-23-12				Schedule D (Form 990) 2011

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Schee	Jule D (Form 990) 2011 NEW MEXICO CATTLE GROWERS	ASSOCI.	ATION	<u>85-0056700 Page</u>	ge <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A			tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				<u> </u>
4	Net unrealized gains (losses) on investments		· · · · · · · · · · · · · · · · · · ·		
5	Donated services and use of facilities		5		
6	Investment expenses		1 1		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	its With F	levenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	_2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			. <u>2</u> e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
с	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses p	er Return	_
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
с	Add lines 4a and 4b				
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIV Supplemental Information				

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047 **2011** Open to Public Inspection

Name of the organization

NEW MEXICO CATTLE GROWERS' ASSOCIATION

Employer identification number 85-0056700

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC IMPORTANCE TO THE CATTLE INDUSTRY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONTRIBUTIONS & SCHOLARSHIPS AWARDED THROUGH THE VARIOUS SUBCOMMITTEES

OF THE ASSOCIATION & ASSOCIATED ACTIVITIES

FORM 990, PART VI, SECTION A, LINE 2: EMPLOYEE HAS DIRECT FAMILY MEMBERS

ON THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A MEMBER BASED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS ARE VOTED IN ON AN ANNUAL BASIS

FORM 990, PART VI, SECTION A, LINE 7B: MAJOR ISSUES ARE VOTED UPON AT THE REGULAR MEETINGS OF THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 AND 990T ARE REVIEWED BY THE BOARD AT THE FIRST AVAILABLE MEETING AFTER THE PREPARATION OF THE 990

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REVIEWS CONFLICT OF INTEREST POLICIES WITH THE BOARD

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2 Employer identification number
NAME OF THE OFGANIZATION NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
FORM 990, PART VI, SECTION B, LINE 15: SALARY INFORMATION	IS REVIEWED BY
THE BOARD ON AN ANNUAL BASIS FROM INFROMATION DEVIRED FRO	M WITHIN THE
INDUSTRY.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S ARE AVAILABLE
UPON A QUALIFIED REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ES :
CONTRIBUTIONS:	
TOTAL EXPENSES	7,467
POSTAGE:	
TOTAL EXPENSES	7,380
PRINTING:	
TOTAL EXPENSES	7,333
PROPERTY TAXES:	
TOTAL EXPENSES	5,218
TELEPHONE:	
TOTAL EXPENSES	5,082
ON LINE SERVICES:	
TOTAL EXPENSES	4,599
UTILITIES:	
TOTAL EXPENSES	4,480

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Employer identification number
NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
EQUIPMENT RENTAL:	
TOTAL EXPENSES	4,360,
CONTRACT LABOR:	
TOTAL EXPENSES	4,150
ENTERTAINMENT:	
TOTAL EXPENSES	3,648
REPAIRS & MAINTENANCE:	
TOTAL EXPENSES	3,123
DUES & SUBSCRIPTIONS:	
TOTAL EXPENSES	1,910
AUTOMOTIVE:	
TOTAL EXPENSES	
TAXES GROSS RECEIPTS:	
TOTAL EXPENSES	
WOOL GROWERS, NMFLC & RESALE:	
TOTAL EXPENSES	26
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 60,803

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Asset No.	Description	Date Acquired Method	d Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER			8							
	1TABLE 62-E-72	080175SL	10.0(	016	272.			272.	245.		0.
		080175SL	10.00	016	103.			103.	.06		0.
	RIO	020174L	.000		4,303.			4,303.			0.
	BUILDING 2231 RIO 4GRANDE	020174SL	20.00	016	21,000.			21,000.	21,000.		.0
	SELECTRICAL WORK	120674SL	10.0	016	485.			485.	485.		0.
-	6 MEMBERSHIP SOFTWARE	SOFTWARE103098200DB5.00	DB5.00	16	1,640.			1,640.	1,640.		• 0
	72 END TABLES -A124	080175SL	10.0	016	74.			74.	70.		.0
~	15 CAPTAIN CHAIRS 82922	080175SL	10.0	016	729.			729.	655.		0.
	9 REFRIGERATOR	081275SL	10.0	016	279.			279.	250.		0.
Ē	1 ORANGE	081275SL	10.0	016	432.			432.	390.		.0
H	11BRONZE LOGOS	081275SL	10.0	016	250.			250.	225.		.0
H	12CABINETS	091875SL	10.0	016	1,539.			1,539.	1,385.		0.
H	13CABINETS	101075SL	10.0	016	930.			930.	840.		.0
Ĥ	14IBM SELECTRIC	083180SL	10.0	016	533.			533.	480.		0.
7	IBM MAG CARD 15TYPEWRITTER	123180SL	10.0	0016	7,946.			7,946.	7,151.		0.
Ē	16FILE CABINET	073181SL	5.00	16	710.			710.	710.		0.
-	17FILE CABINET	073182PRE	5.00	16	741.			741.	741.		0.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

990

Asset No.	et Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	18SHELVES	033184PRE		5.00	16	362.			362.	362.	0.000	0.
	FRZ	100187200DB7.0	200DB	7.00	17	591.			591.	591.		0.
	COMPUTER & LASER 20PRINTER	040590200085.0	200DB	5.00	17	3,582.			3,582.	3,582.		0.
		050190200DB7.0	200DB	7.00	17	564.			564.	564.		0.
	MEMBERSHIP FILE 22CABINET	041591200087.0	200DB	7.00	17	186.			186.	186.		.0
	232 STORAGE CABINETS	053191200087.0	200DB	7.00	17	177.			177.	177.		0.
	240AK FILE CABINET	113091200DB7.0	200DB	7.00	17	130.			130.	130.		0.
	Ξ	121091200DB7.0	200DB	7.00	17	368.			368.	368.		0.
	SPEED DIAL OMNIFAX 26CUTTER	080592200087.0	200DB	7.00	17	1,395.			1,395.	1,395.		0.
	27COMPUTER	122392200DB5	200DB	5.00	17	1,336.			1,336.	1,336.		0.
	28LASERJET PRINTER	072293200085.0	200DB	5.00	17	1,566.			1,566.	1,566.		0.
	29DESK	103193200DB5.0	200DB	5.00	17	278.			278.	278.		0.
	30COMPUTER EQUIPMENT	1111593200DB5.0	200DB	5.00	17	4,020.			4,020.	4,020.		.0
	31POSTER DISPLAYS	010195200DB5.0	200DB	5.00	17	2,445.			2,445.	2,445.		0.
	3 2 SCANNER	083095200DB5.0	200DB	5.00	17	1,023.			1,023.	1,023.		0.
	33COLOR PRINTER	110196200DB5.0	200DB	5.00	17	227.			227.	227.		0.
	34EQUIPMENT	030197200DB5.	200DB	5.00	17	1,949.			1,949.	1,949.		0.
	35DELL COMPUTER	110197200DB5.(	200DB	5.00	17	2,855.			2,855.	2,855.		0.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

066

Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	3 6COMPUTER, LAPTOP	071500200DB5.00	200DE	35.00	17	3,840.			3,840.	3,840.		0.
'n	37FOLDING DISPLAY	071500	500200DB5.00	35.00	17	368.			368.	368.		.0
ñ	38RICOH COPIER	081500	200DE	500200DB5.00	17	3,592.	1000		3,592.	3,592.		.0
ŝ	39COMPUTER- SANDIA	090600200DB5.00	200DF	35.00	17	1,356.			1,356.	1,356.		.0
4	40LAPTOP COMPUTER	033102200DB5.00	200DE	35.00	17	2,058.		617.	1,441.	1,441.		0.
41	DELL NOTEB COMPUTER	072303200DB5.00	200DE	35.00	17	1,600.		800.	800.	800.		0.
4	TELEPHONE SYSTEM 42REPLACEMENT	093003200DB5.00	200DI	35.00	16	7,073.			7,073.	6,868.		.0
4	43FAX MACHINE	121803SL	SL	5.00	16	333.			333.	333.		0.
4	44COPIER	061504SL	SL	6.00	16	3,598.			3,598.	3,598.		0.
4	45DELL COMPUTER	071504SL	SL	5.00	16	2,798.			2,798.	2,798.		.0
4	46TELEPHONE CC	101505	200DI	505200DB5.00	16	656.			656.	600.		.0
4		083106200DB5.00	200DI	35.00	17	1,941.			1,941.	1,830.		112.
4	BUILDING ADDITION 8 48 IMPROVEMENT	8010175SI	SL	30.00	016	22,325.			22,325.	22,325.	(* 101 D	0.
4		091675SL	SL	30.00	016	1,645.			1,645.	1,645.		0.
ñ	BLDG ADDITION & 50IMPROVEMENT	010176SL	SL	30.00	016	1,303.			1,303.	1,303.		0.
D.	5 1LANDSCAPING	033176SL	SL	30.00	016	384.			384.	384.		0.
'n	520FFICE WALL	061379SL	SL	5.00	16	410.			410.	410.		0.
Ŋ	5 3LANDSCAPING	122179SL	SL	30.00	016	417.			417.	417.		0.

990

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

128102 05-01-11

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REPORT	
AMORTIZATION	
N AND	
DEPRECIATION	
2011	

10 FORM 990 PAGE

。 0. . 0. 0. 0 0. 0 0. 0. ò o 0 o 0 0 0 0 Current Year Deduction Current Sec 179 404. 1,014. 1,590. 505 956 178 366 1,393. 2,142. 502. 787 929 337 220 454 577 1,410 1,813 Accumulated Depreciation 366. 1,393. 2,142. 502. 929 337. 404 1,014. 505. 178 577 787 224 458 961 1,421 1,813 1,593 Basis For Depreciation \* Reduction In Basis Bus % Excl 1,393. 2,142. 502. 404 1,014. 505. 178 366 577 787 929 337 224 1,421 961 458 1,813 1,593 Unadjusted Cost Or Basis S. P 15.0016 9 9 ശ 9 9 9 9 9 6 9 30.0016 S 15.001 15.001 30.001 15.001 15.001 15.001 15.001 15.001 15.001 15.001 15.00130.001 5.001 15.001 5.001 5.00 Life Method 040187PRE 040187PRE 050187PRE 053082PRE 013184PRE 033184PRE 030187PRE 030187PRE 680FFICE IMPROVEMENTS040187PRE 03181PRE 13081PRE 070183PRE 080183PRE 090183PRE 110183PRE 091980SL 092980SL 43080SL Date Acquired & REPAIRS 64MISC IMPROVEMENTS INSIDE 69BURGLAR ALARM 61WALLS OUTSIDE 56SANDBLASTING 590FFICE FLOOR INSIDE Description 54SCREEN DOORS 70MINI BLINDS DOORS 71SMOKE ALARM 5BACK PORCH 57INSULATION 60ELECTRICAL RESTUCCO 6 5PAINTING I 6 3WALLS 67METAL 62WALLS 58PORCH 66SIGN S Asset No.

ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

## 990

Asset No.	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72FIRE BOX	100187PRE		15.00	16	776.			776.	776.		0.
ITN	041392PRE		15.00	16	3,566.			3,566.	3,566.		0.
PAVING - PARKING 74LOT	051493PRE		15.00	16	2,681.			2,681.	2,655.		.0
E	051293150DB5.00	50DB	5.00	16	4,918.			4,918.	4,773.		0.
PAVING - PARKING 76LOT	060193PRE		15.00	16	6,076.			6,076.	6,018.		0.
ALARM	042999SL	18	39.00	17	1,000.			1,000.	1,000.		0.
նես	052199SL		39.00	17	9,703.			9,703.	2,892.		249.
REMODEL FRONT 79BUILDING	101500SL		39.00	017	10,000.			10,000.	2,618.		256.
80HVAC UNIT (BACK)	051502200DB10.0	0 ODB	10.00	17	4,005.		1,202.	2,803.	2,225.		386.
81HVAC UNIT (FRONT)	101502200DB10.0	0 ODB	10.00	17	4,005.		1,202.	2,803.	2,169.		423.
	081904150DB15.0	50DB	15.00	17	5,771.		2,886.	2,885.			383.
DELL POWEREDGE 840 83SERVER	042308200DB5.00	00DB	5.00	17	3,570.			3,570.	2,606.		406.
DELL LATITUDE 84NOTEBOOK	122408200DB5.00	0 ODB	5.00	17	2,562.			2,562.	1,686.		350.
85DESKS & CHAIRS	020909200DB7.00	0 ODB	7.00	17	1,353.			1,353.	525.		237.
860FFICE FURNITURE	020909200DB7.00	000B	7.00	17	1,260.			1,260.	488.		220.
87MOBILE STORAGE UNITO60809SL	r0608098		15.00	017	3,390.			3,390.	339.		226.
88DELL NOTEBOOK	110209200DB5.00	0 ODB	5.00	17	1,092.			1,092.	568.		210.
892007 OFFICE	050210SL		3.00	17	447.			447.	75.		149.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

990

90DELL OPTIFLEX 380 050210SL 5.00 91POWEREDGE T310 071611200DB5.00 * 990 PAGE 10 TOTAL 071611200DB5.00 * 990 PAGE 10 TOTAL 990 PAGE 10 DEPR 990					Depreciation	Depreciation	Sec 1/9	Deduction
TOTAL 990	10000		765.		765.	77.		153.
AGE 10 TOTAL TOTAL 990 DEPR		19B 4,9:	,922.		4,922.			984.
DEPR	-	208.183.	83.	6,707.	201,476.	163,952.	0.	4,744.
DEPR				Contraction of the			(	
		208,183	83.	6,707.	201,476.	163,952.	•	4,744.
		26						

990

2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

### Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

0 7

	File	a	separate	application	for	each	return.
--	------	---	----------	-------------	-----	------	---------

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,

visit	WWW irs	nov/efile	and click	on e-file	for Charities	RN	lonnrofit

Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or					
print							
	NEW MEXICO CATTLE GROWERS' ASSOCIATION	<u>x 85-0056700</u>					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)					
filing your return. See	P.O. BOX 7517						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	ALBUQUERQUE, NM 87194-7517						

Enter the Return code for the return that this application is for (file a separate application for each return)

Appli	cation	Return	rn Application			Return
ls Fo	r	Code	Is For			Code
Form	990	01	Form 990-T (corporation)			07
Form	990-BL	02	Form 1041-A			08
Form	990-EZ	01	Form 4720			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
	TROY SAUBLE the books are in the care of $\blacktriangleright \frac{2231 \text{ RIO GRAND}}{2231 \text{ RIO GRAND}}$	E BLV				
	lephone No.  505-247-0584		FAX No. 🕨			
	the organization does not have an office or place of busines					
	this is for a Group Return, enter the organization's four digit	-				
box	▶ If it is for part of the group, check this box ▶				ers the extension is	for.
1	I request an automatic 3-month (6 months for a corporation <u>NOVEMBER 15, 2012</u> , to file the exemp is for the organization's return for:	•	•		The extension	
	<b>X</b> calendar year $2011$ or					
	tax year beginning	, ar	d ending		·	
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🗌 Initial return 🔲 Fina	al retur	n	
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	nonrefundable credits. See instructions.			<u>3a</u>	\$ 1	.,029.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	1		
	estimated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	_3b	\$ 1	L,029.
с	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wi	th this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	structions. 3c \$			0.
Caul	ion. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions.

a 1 a								
Form <b>990-</b> Department of th		xempt Organization Bus (and proxy tax und	ines er sec	s Income Ta	x Return		OMB No. 1545-0687 <b>2011</b> pen to Public Inspection for	
Internal Revenue		alendar year 2011 or other tax year beginning		, and ending		50	er identification number	
	box if ss changed	Name of organization ( Check box if name ch	nanged a	Ind see instructions.)		(Employees' trust, see instructions.)		
B Exempt un	der section Print	NEW MEXICO CATTLE GROW	<u>ers '</u>	ASSOCIATIO	N		-0056700	
501( 408(e)		Number, street, and room or suite no. If a P.O. box P.O. BOX 7517	k, see ins	tructions.		E Unrelate (See inst	ed business activity codes tructions.)	
408A	530(a)	City or town, state, and ZIP code ALBUQUERQUE, NM 87194	_751	7		5241	14	
· · · ·	of all accate E. Grou	p exemption number (See instructions.)	<u> </u>			<u>J441</u>	· +	
at end of ye		k organization type	1	501(c) trust	401(a) trust		Other trust	
482	,236.			_ ()	、,			
		ary unrelated business activity. ► ADMINIS	TRAT	TIVE FEES				
During the	ax year, was the cor	poration a subsidiary in an affiliated group or a parer			► [	Yes	X No	
		tifying number of the parent corporation.						
		SHACEY SULLIVAN			ne number 🕨 5			
		de or Business Income	·	(A) Income	(B) Expenses	3	(C) Net	
	ceipts or sales	55,826.		FF 000		1.5		
-	urns and allowances			55,826.				
		e A, line 7)	2	55,826.			55,826.	
•	rofit. Subtract line 2 t	rom line 1c ch Schedule D)	4a					
		Part II, line 17) (attach Form 4797)	4a 4b		The second second			
-		sts	40					
		hips and S corporations (attach statement)	5		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
			6				· · · · · · · · · · · · · · · · · · ·	
		me (Schedule E)	7					
		and rents from controlled organizations (Sch. F)	8					
		ion 501(c)(7), (9), or (17) organization						
(Schedı	ıle G)		9					
10 Exploite	d exempt activity inc	ome (Schedule I)	10					
		le J)	11	8 3				
		ons; attach schedule.)	12					
13 Total.	Combine lines 3 thro	ugh 12 ot Taken Elsewhere (See instructions for	13	55,826.			55,826.	
Part II	Deductions N (Except for contrib	<b>ot laken Elsewhere</b> (See instructions for putions, deductions must be directly connecte	or limita	itions on deductions.) the unrelated business	income.)			
14 Comp	ensation of officers, o	lirectors, and trustees (Schedule K)				14		
15 Salarie	s and wages						23,295.	
16 Repair	s and maintenance						<u> </u>	
						17		
						18	1,449.	
						19 20	1,447.	
		ee instructions for limitation rules.)						
21 Deprei	clation (attach Form	4562) on Schedule A and elsewhere on return	•••••	21	/ 2	22b	712.	
	-					23	,201	
		ompensation plans						
		ss				25		
		Schedule I)				26		
		Schedule J)				27		
28 Other	deductions (attach s	chedule)		SEE STAT	EMENT 1	28	40,458.	
29 Total	deductions. Add	ines 14 through 28				29	66,433.	
		income before net operating loss deduction. Subtra				30	<10,607.	
		on (limited to the amount on line 30)				31	0.	
		income before specific deduction. Subtract line 31					<10,607.	
		ally \$1,000, but see instructions for exceptions.)				33	1,000.	
		xable income. Subtract line 33 from line 32. If line				34	<10,607.	
		k Reduction Act Notice, see instructions.			<u></u>	34	Form <b>990-T</b> (2011)	

Form 990-1		CATTLE	GROWERS '	ASSOCIATIO	N	85-005	6700	F	Page 2
Part I									
35	Organizations Taxable as Corporati	i <mark>ons.</mark> See instru	ictions for tax com	putation.			C = 2		
	Controlled group members (sections	s 1561 and 156	3) check here 🕨	See instructions a	ind:				
а	Enter your share of the \$50,000, \$25	5,000, and \$9,9	25,000 taxable inc	ome brackets (in that or	ler):				
	(1) \$	(2) \$		(3) \$					
b	Enter organization's share of: (1) Ac	ditional 5% tax	(not more than \$1	1,750) \$					
	(2) Additional 3% tax (not more that						10-10		
с	Income tax on the amount on line 34						35c		0.
36	Trusts Taxable at Trust Rates. See	instructions for	tax computation.	Income tax on the amour	t on line 34 from:		14.1.2		
	Tax rate schedule or						36		
37	Proxy tax. See instructions						37		
38	Alternative minimum tax						38		
39	Total. Add lines 37 and 38 to line 35						39		0.
	V Tax and Payments								
	Foreign tax credit (corporations atta	ch Form 1118	trusts attach Form	1116)	40a				
	Other credits (see instructions)								
c	General business credit. Attach Forn				·				
d	Credit for prior year minimum tax (a	ittach Form 880	1 or 8827)		40d	<u></u>			
		h 40d		,			40e		
e 41	Subtract line 40e from line 39						41		0.
41	Other taxes. Check if from: Fo	rm 4255	Form 8611	Form 8697 Eorm	8866 Other	(attach schadula)	42		
42							43		0.
43						1,029.			
	Payments: A 2010 overpayment cro					1,023.			
	2011 estimated tax payments								
	Tax deposited with Form 8868				·				
	Foreign organizations: Tax paid or v				11				
	Backup withholding (see instruction						4		
	Credit for small employer health ins								
1	Other credits and payments:		orm 2439	Total					
	Form 4136	0	ther	lotal	440			1 0	20
45	Total payments. Add lines 44a thro	ough 44g					45	1,0	29.
46	Estimated tax penalty (see instruction						46		
47	Tax due. If line 45 is less than the t						47	1 0	20
48	Overpayment. If line 45 is larger th						48	1,0	29.
49	Enter the amount of line 48 you wa	nt: Credited to	2012 estimated ta		L,029. Re	funded	49		0.
Part									T
	any time during the 2011 calendar ye							Yes	No
	nk, securities, or other) in a foreign o					of Foreign Bank	and		
Fir 2 Du	ancial Accounts. If YES, enter the nat ing the tax year, did the organization receiv ES, see instructions for other forms the orga	me of the foreig	in country here	or of or transferor to a foreign	n trust?				X_
L Du	ES, see instructions for other forms the organization	anization may have	a to file.						X
	ter the amount of tax-exempt interest								
Sche	dule A - Cost of Goods S	old. Enter m	ethod of invento				T 1		
1 Inv	entory at beginning of year	1		6 Inventory at end of			6		
	rchases	2		7 Cost of goods sold					
3 Co	st of labor	3		from line 5. Enter h	ere and in Part I, li	ne 2	7		
<b>4a</b> Ac	ditional section 263A costs	4a		8 Do the rules of sect	ion 263A (with res	pect to		Yes	No
b Ot	ner costs (attach schedule)	4b		property produced	or acquired for res	ale) apply to		120	3.2
<u>5 To</u>	tal. Add lines 1 through 4b	5		the organization?					X
	Under penalties of perjury, I declare to correct, and complete. Declaration of	hat I have examine	ed this return, includin	g accompanying schedules a on all information of which pr	nd statements, and to eparer has any knowle	the best of my kno idae.	wledge and belief,	it is true,	
Sign						N	lay the IRS discus	s this return	with
Here				SECRE	FARY-TRE	ASURER 1	ne preparer shown		
	Signature of officer		Date	1 itie			structions)? X	Yes	No
	Print/Type preparer's name		Preparerssigna	ature	Date		if PTIN		
Paid			V/M.	Kn.		self- employed			
Prep		IUSSEN	KA16		06/01/12		P003		
Use	Only Firm's name DAVII		SMUSSEN,	PC		Firm's EIN 🕨	85-0	40709	13
	- 870								
	Firm's address 🕨 ALE	BUOUERO	<u>UE, NM 8'</u>	/114		Phone no.	(505)8	<u>78-08</u>	529

)#

41

Form 990-T (2011)

# Form 990-T (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Pag Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				0(-)		
(a) From personal property (if th rent for personal property is 10% but not more than	more than	(b) From real a of rent for p the ren	nd personal property ersonal property exc t is based on profit o	y (if the percenta ceeds 50% or if or income)	ge	3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of colur here and on page 1, Part I, line 6, col	lumn (A)	►			En	) Total deductions. ter here and on page 1, rt I, line 6, column (B)		
Schedule E - Unrelated I	Debt-Financed	I Income (see	instructions)					
			2. Gross inc	ometrom	3.		onnected with or allocable need property	
1. Description of de	1. Description of debt-financed property		or allocable financed p	to debt-		aight line depreciation attach schedule)	(b) Other deductions (attach schedule)	
(1)								
(1) (2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed		adjusted basis allocable to	6. Column 4 by colum			. Gross income portable (column	<ol> <li>Allocable deductions (column 6 x total of columns</li> </ol>	
property (attach schedule) debt-financed property (attach schedule)					2 x column 6)	3(a) and 3(b))		
(1)				%	ļ			
_(2)				%				
(3)				%				
_(4)				%				
						here and on page 1, I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
Totals					L		0. 0.	
Total dividends-received deduction	ons included in colum	n 8 Itica and Da	nto Examp C	entrolled	Orgoni	Totiono /	0.	
Schedule F - Interest, A	nnuities, Roya						structions)	
			pt Controlled O	1		12		
1. Name of controlled organizatio	Employer id	lentification Net u	3. unrelated income (see instructions)	4 Total of s payment	pecified	5. Part of column 4 included in the contr organization's gross i	that is olling ncome 6. Deductions directly connected with income in column 5	
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiza	ations							
7. Taxable Income	<ol> <li>Net unrelated inco (see instruction</li> </ol>		fotal of specified pay made	rments 10	in the contro	umn 9 that is included Iling organization's ss income	11. Deductions directly connected with income in column 10	
_(1)								
(2)								
(3)								
(4)								
					Enter here an	amns 5 and 10. Id on page 1, Part I, , column (A).	Add columns 8 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Table						0.	0	
Totals				💌 📘		U.	0.	

### Form 990-T (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION

85-0056700

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

	1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					
(2)					
(3)					
(4)					_
		Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals					0.

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3), If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						-
3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0

 

 Totals (carry to Part II, line (5)) ...... ▶
 0 .
 0 .

 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

 columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direc advertising c		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come		leadership costs	<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)									
(2)			_						
(3)		]							
(4)									
(5) Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here ar page 1, Pa tine 11, col.	rt I,						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Directors	s, and	d Trustees (see ir	nstructio	ns)			
1. Name				2. Title		<ol> <li>Percent time devote business</li> </ol>	d to		pensation attributable arelated business
(1)							%		
_(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	ine 14								0 .

\_\_\_\_\_

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1

DESCRIPTION	AMOUNT
MEETING & MEMBERSHIP	20,281.
OFFICE EXPENSE	3,736.
RENT EQUIPMENT	654.
ENTERTAINMENT	547.
INSURANCE	3,532.
ADVERTISING	5,133.
PROFESSIONAL FEES	642.
DUES & SUBSCRIPTIONS	286.
TELEPHONE & UTILITIES	1,434.
TRAVEL & AUTOMOTIVE	1,181.
ON LINE SERVICES	1,312.
CONTRIBUTIONS	1,720.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	40,458.

orm <b>2220</b>	Underpayment o	of E	Estimated Tax	k by (	Cor	pora	ntions		OMB No. 1545-0142
epartment of the Treasury Iternal Revenue Service			See separate instructions h to the corporation's tax r	_		-	990-т		2011
ame			•			0		er identifi	cation number
	XICO CATTLE GROWERS								056700
corporation. Ho	prporation is not required to file Form 2220 ( wever, the corporation may still use Form 22 ne corporation's income tax return, but <b>do n</b> e	20 to	figure the penalty. If so, er						
Part I Requ	ired Annual Payment								
Total tax (see inst	uctions)							1	
			to shaded on the d	l	<b>o</b> 1				
-	company tax (Schedule PH (Form 1120), line t included on line 1 under section 460(b)(2)			·····  -	2a	<u> </u>		-	
	on 167(g) for depreciation under the income				26			1257	
contracts or seen	in toy (g) for depresiation under the meente	10101		····· [-					
c Credit for federal	ax paid on fuels (see instructions)				2c				
	a through 2c							2d	
	om line 1. If the result is less than \$500, do								
	penalty							3	
	vn on the corporation's 2010 income tax retu	•	,						
or the tax year w	as for less than 12 months, skip this line an	ıd en	ter the amount from line 3	on line 5				4	
Described second	payment. Enter the smaller of line 3 or line	1 144	be corporation is required t	o okin lin	o 4				
	from line 3							5	
Part II Reas	ons for Filing - Check the boxes belo	w th	at apply. If any boxes are ch	ecked, th	e corp	pration m	ust file Form 2	1 -	
	t does not owe a penalty (see instructions).			,					
6 D The corp	pration is using the adjusted seasonal installr	nent	method.						
	pration is using the annualized income install								
	pration is a "large corporation" figuring its firs	st reg	uired installment based on	the prior	<u>/ear's t</u>	ax.			···· · · · ·
Part III Figu	ing the Underpayment					- 1			
			(a)		b)		(c)		(d)
(d) the 15th day ( Use 5th month),	lates. Enter in columns (a) through of the 4th (Form 990-PF filers: Sth, 9th, and 12th months of the year	9							
•	nents. If the box on line 6 and/or line 7	<u> </u>							
•	, enter the amounts from Sch A, line 38. If								
the box on line 8	(but not 6 or 7) is checked, see instructions								
	o enter. If none of these boxes are checked,								
	5 above in each column.	10							
	d or credited for each period (see								
	column (a) only, enter the amount								
from line 11 on li		11							
going to the nex	2 through 18 of one column before								
	any, from line 18 of the preceding column	12							
	12	13							
	lines 16 and 17 of the preceding column	14							
	rom line 13. If zero or less, enter -0-	15							
6 If the amount on	line 15 is zero, subtract line 13 from line								
	ter -0	16							
	f line 15 is less than or equal to line 10,								
	rom line 10. Then go to line 12 of the next								
column. Otherwi	se, go to line 18	17							
	line 10 is less than line 15, subtract line 10 n go to line 12 of the next column	18							

JWA For Paperwork Reduction Act Notice, see separate instructions.

### FORM 990-T Form 2220 (2011)

### Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
9	Enter the date of payment or the 15th day of the 3rd month						
	after the close of the tax year, whichever is earlier (see						
	instructions). (Form 990-PF and Form 990-T filers: Use 5th					1	
	month instead of 3rd month.)	19					
)	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2011 and before 7/1/2011	21					
2	Underpayment on line 17 x Number of days on line 21 x 4%	22	\$	\$	\$	\$	
	365						
3	Number of days on line 20 after 08/30/2011 and before 10/1/2011 $\dots$	23					
							÷.;
4	Underpayment on line 17 x Number of days on line 23 x 4%	24	\$	\$	\$	\$	
	365						
5	Number of days on line 20 after 9/30/2011 and before 1/1/2012	25					
6	Underpayment on line 17 x Number of days on line 25 x 3%	26	\$	\$	\$	\$	
	365						
7	Number of days on line 20 after 12/31/2011 and before 4/1/2012	27					
8		28	\$	\$	\$	\$	
	366						
9	Number of days on line 20 after 3/31/2012 and before 7/1/2012	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$	
	366		1				
11	Number of days on line 20 after 6/30/2012 and before 10/01/2012	31					
						-	
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
	366						
13	Number of days on line 20 after 9/30/2012 and before 1/1/2013	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
	366						
5	Number of days on line 20 after 12/31/2012 and before 2/16/2013	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
	365				×  .		
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the t						
	or the comparable line for other income tax returns					38 \$	

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

JWA

Form 2220 (2011)

Form	4562
Form	

11

4500							OMB No. 1545-0172
Form <b>4562</b>			ation and A Information on I				2011 Attachment
Internal Revenue Service (99)	► Se	e separate instru	uctions. 🕨 Att	ach to your tax	return.		Sequence No. 179
Name(s) shown on return			В	usiness or activity to v	which this form relates	3	Identifying number
NEW MEXICO CAT				ORM 990			85-0056700
Part   Election To Expens	e Certain Propert	Under Section 17	9 Note: If you have an	y listed property	, complete Part \	/ before yo	
1 Maximum amount (see in	nstructions)					1	<u>    500,000.</u>
2 Total cost of section 179	property place	d in service (see i	nstructions)			2	
3 Threshold cost of sectio	n 179 property l	pefore reduction i	n limitation			3	2,000,000.
4 Reduction in limitation.	Subtract line 3 fr	om line 2. If zero	or less, enter -0-			4	
5 Dollar limitation for tax year. Sub							
	(a) Description of prop			ousiness use only)	(c) Elected	1	
	······································						
7 Listed property. Enter th							
8 Total elected cost of sec	ction 179 proper	ty. Add amounts	in column (c), lines 6	and 7		8	
9 Tentative deduction. En	ter the smaller (	of line 5 or line 8				9	
10 Carryover of disallowed	deduction from	line 13 of your 20	)10 Form 4562			10	
11 Business income limitati		-				1 1	
12 Section 179 expense de			•				
13 Carryover of disallowed							
Note: Do not use Part II or I					I	I	
			epreciation (Do not i	nclude listed pro	nerty )		
							······
14 Special depreciation allo							
15 Property subject to sec	tion 168(f)(1) ele	ction				1 1	
16 Other depreciation (incl						16	
Part III MACRS Depre	eciation (Do no	include listed pr	operty.) (See instructi	ons.)			
			Section A				
17 MACRS deductions for	assets placed ir	service in tax ye	ars beginning before	2011		17	3,760.
18 If you are electing to group any	assets placed in serv	ce during the tax year	into one or more general ass	at accounts, check he	re 🕨 🗌		
Sect	tion B - Assets	Placed in Servic	e During 2011 Tax Y	ear Using the G	eneral Deprecia	ation Syste	em
(a) Classification of p		(b) Month and year placed in service	(c) Basis for depreciation (business/investment u only - see instructions	n (d) Recove			(g) Depreciation deduction
19a 3-year property							
b 5-year property			4,92	2. 5 YRS	B. HY	200DB	984.
c 7-year property							
d 10-year property							
						1	
						1	
f 20-year property		-		05		0/1	
g 25-year property				25 yrs.		S/L	· · · · · · · · · · · · · · · · · · ·
h Residential rental p	roperty	·····		27.5 yrs		S/L	
n nondennarientarp		1 /	1	27.5 vrs	s. MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System Т Т

MM

ММ

39 yrs.

S/L

S/L

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	
Pa	rt IV Summary (See ins	tructions.)				
21	Listed property. Enter amou	unt from line 28			21	
22	Total. Add amounts from lir	ne 12, lines 14 through 17, lines 19 and 20	in column (g), and line 21.			
I	Enter here and on the appro	opriate lines of your return. Partnerships an	d S corporations - see inst	r	22	<u>4,744.</u>
		d placed in service during the current year				
	portion of the basis attribut	able to section 263A costs				

118251 11-21-11 LHA For Paperwork Reduction Act Notice, see separate instructions.

Nonresidential real property

i

1

/

Form	n 4562	(2011)	NEW	MEXICO	САТ	TLE (	ROW	ERS'	AS	SOCIA	TION		85-	0056	700 F	age 2
	rt V	Listed Propert										d for en				
		amusement.) Note: For any v	chiele for wh	vich vou are u	ing the	standard	mileane	rate or	dodu	ntina logoa	evnense	comol	ete oni	v 24a 24	th colum	ns (a)
		through (c) of S	Section A, all	of Section B,	and Sec	tion C if a	applicab	le.	ueuu	curry rease	ехрензе	, compr		y 240, 24		
		Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution: S	ee the ir	nstruc	tions for li	nits for p	assenge	er auton	nobiles.)		
24a	Do you	have evidence to s	upport the bu	siness/investme	nt use cla	imed?	Ye	<u>s</u>	<u> No</u>	24b If "Y	es," is the	eviden	ice writ	ten?	Yes 🗌	No
		(a)	(b) Date	(c)		(d)		(e)		(f)	(9			(h)	(i	
		of property hicles first )	placed in	Business/ investment		Cost or her basis		s for depre iness/inve		Recovery	Meti Conve			eciation uction	Elec sectior	
			service	use percentag	le			use only				1 -			CO	st
	•	l depreciation allo														
		ore than 50% in					·····		<u></u>			25			50	
<b>26</b> F	Propert	ty used more tha	n 50% in a q					·		1						
			<u> </u>		6											
			: <u>.</u>		6											
					6		1									
27 F	Propert	ty used 50% or le	ess in a quali							· · · · · · · · · · · · · · · · · · ·						
			::_		6						S/L-					
			<u> </u>		6						S/L·					
					6						S/L·	1				
		nounts in column		-				. –				28				
29 /	Add an	nounts in column	(i), line 26. E											. 29		
						B - Infori										
Com	plete t	his section for ve ided vehicles to y	hicles used	by a sole prop	rietor, p	artner, oi	r other "	more th	an 5%	owner," (	or related	person tion to c	Nomelet	ing this (	portion fo	r
	u provi ie vehic		our employe	es, first answ	er the qu	Jestions	in Sectio		500 II	you meet a	anexcep		,ompier	ing this :	Section 10	"
									T · · ·		· ·					
					· ·	a)	•	<b>)</b>	Ι.	(c)	(c	•		(e) biolo	(f)	
		isiness/investment		-	Vei	nicle	Veh	licle	'	/ehicle	Veh	ICIE	l Ve	hicle	Vehi	cie
		o not include com							-		- <u> </u>					
		ommuting miles														
		ther personal (no	-	-					1							
		niles driven durin							1							
		es 30 through 3													X	
		ne vehicle availat	•		Yes	No	Yes	No	Ye	s <u>No</u>	Yes	No	Yes	No	Yes	No
		off-duty hours?												+		
		ne vehicle used p														
		% owner or relat							-							
	_	ther vehicle availa	•													
	use?	<u></u>												_!		
				- Questions											aava thaa	E0/
		ese questions to	determine if	you meet an e	xceptio	n to com	pleting	Section	Bior	venicies us	sea by er	npioyee	S WIID a	arenoti	nore trian	570
		related persons. u maintain a writt		tement that a	rabibita .				on in	aludina ao	mmuting	by you	r		Yes	No
	•														105	
~~	employ	yees? u maintain a writt		tomost that a	robibito					nt commu	ting by y			•••••		+
		yees? See the in:														
		u treat all use of v														
		u provide more th														
		e of the vehicles,														
		u meet the requir														+
		If your answer to										•••••				1
		Amortization	<u>07, 00, 03, -</u>	10, 01 41 13 14	3, 0011	ot comp			01 (110	00101001	0///0/000.					
		(a)			(b)		(c)			(d)		(e)			(f)	
		Description	of costs	Dat	(b) e amortizatior begins	1	Amortizal amoun	ble t		Code section		Amortiza period or pe	ation	1	Amortization for this year	
42	Amort	ization of costs t	hat begins d	Jring Vour 201		ar:						or bo			,	
42						1										
					<u> </u>	1										
42	Amort	ization of costs t	hat began be	fore vour 201	tax ve	ar					I		43			
		Add amounts in	-	-	-								44			

44 Total. Add amounts in column (f). See the instructions for where to report

si.

SCHEDULE D

Department of the Treasury Internal Revenue Service

### (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.



Name of the organization

	NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
Par		ccounts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year	
	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Par		line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	Line in a state Find of the Ten Verse
		Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	2d
•	listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
3		mization during the tax
4	year ► Number of states where property subject to conservation easement is located ►	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	
Ŭ	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а		
b	Assets included in Form 990, Part X	🕨 \$

7 <u>ar</u>	dule D (Form 990) 2011 NEW MEX						85-00			<u>ge 2</u>
_	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the following tha	t are a sig	nificant	use of its o	collection	items	
	(check all that apply):									
а	Public exhibition	d		or exchange progra						
b	Scholarly research	e	Othe							
С	Preservation for future generations									
	Provide a description of the organization's co						ose in Part	XIV.		
	During the year, did the organization solicit o							-		
	to be sold to raise funds rather than to be ma							Yes		No
<sup>2</sup> ar	t IV Escrow and Custodial Arran	-	ete if the orga	nization answered	"Yes" to F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa							2		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for cont	ibutions or other as	sets not i	ncluded		-	_	
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table			·				
								Amoun		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on F							Yes		No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete i	f the organization a	nswered "Yes	" to Form 990, Part	IV, line 10	).				
		(a) Current year	(b) Prior	vear (c) Two yea	rs back (	d) Three	years back	(e) Fou	years I	back
a	Beginning of year balance									2
b	Contributions									
c	Net investment earnings, gains, and losses							<b>Fally</b>		
ď	Grants or scholarships									
ă	Other expenditures for facilities							1.1.1.1		
C	and programs									
÷	Administrative expenses									
	End of year balance								51.1	1.
g	Provide the estimated percentage of the cur		ce (line 1g. cr	lumn (a)) held as:						
2			%							
a	Board designated or quasi-endowment  Permanent endowment	%	70							
С										
	The percentages in lines 2a, 2b, and 2c sho				ared for th		Tation			
	Are there endowment funds not in the posse	ession of the organia	zation that an	and administ	ered for ti	le organi	zation		Yes	Na
5a										
Бđ	by:							0-1	103	No
ba	by: (i) unrelated organizations								103	
	by: (i) unrelated organizations							. <u>3a(ii)</u>		
	by: (i) unrelated organizations	s listed as required	on Schedule	R?				. <u>3a(ii)</u>		
ь 4	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th	s listed as required e organization's enc	on Schedule lowment func	R? s.				. <u>3a(ii)</u>		
ь 4	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th rt VI Land, Buildings, and Equipr	s listed as required e organization's enc nent. See Form 99	on Schedule lowment func 10, Part X, line	R? s 10.	······			3a(ii) 3b		
ь 4	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th	s listed as required e organization's enc nent. See Form 99 (a) Cost or	on Schedule lowment func 00, Part X, line other	R? s. 10. b) Cost or other	(c) Ac	ccumulat	ed	. <u>3a(ii)</u>		
b 4 Pa	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th rt VI Land, Buildings, and Equipr Description of property	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? Is. 10. b) Cost or other basis (other)	(c) Ac		ed	3a(ii) 3b	k valu	9
b 4 2a	by: (i) unrelated organizations	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? 10. b) Cost or other basis (other) 4, 303.	(c) Ac	ccumulat	ed I	. 3a(ii) 3b (d) Boo	k valu 4 , 3	ə 03.
b 1 Pai	by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th rt VI Land, Buildings, and Equipr Description of property	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? Is. 10. b) Cost or other basis (other)	(c) Ac	ccumulat	ed I	. 3a(ii) 3b (d) Boo	k valu	ə 03.
b 4 Dai 1a b	by: (i) unrelated organizations	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? 10. b) Cost or other basis (other) 4, 303.	(c) Ac	ccumulat	ed I	. 3a(ii) 3b (d) Boo	k valu 4 , 3	ə 03.
b 4 7ai 1a b c	by: (i) unrelated organizations	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? 10. b) Cost or other basis (other) 4, 303.	(c) Ac	ccumulat preciation 99,4	ed 1 20.	. 3a(ii) 3b (d) Boo	k value 4,3 0,0	⇒ 03. 46.
b 4 7 a 1 a b c d	by: (i) unrelated organizations	s listed as required e organization's enc nent. See Form 99 (a) Cost or basis (invest	on Schedule lowment func 00, Part X, line other	R? 10. b) Cost or other basis (other) 4, 303.	(c) Ac dep	ccumulat	ed 1 20.	. <u>3a(ii)</u> 3b (d) Boo	k valu 4 , 3	e 03. 46.

. . .

Schedule D (Form 990) Part VII Investm	2011 NEW MEXICO ents - Other Securities. Set			85-0056700 Page 3
	n of security or category Ig name of security)	<b>(b)</b> Book value		od of valuation: of-year market value
(1) Financial derivatives	S			
	interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	· · · · · · · · · · · · · · · · · · ·			
(1)				
	Form 990, Part X, col (B) line 12.)			
Part VIII Investm	ents - Program Related. s	See Form 990 Part X line 1	3.	
· ···-	tion of investment type	(b) Book value	(c) Metho	od of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal	I Form 990, Part X, col (B) line 13.) 🕨			
	ssets. See Form 990, Part X, line	e 15.		
	(a	) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	st equal Form 990, Part X, col (B) lir	ne 15)		
	iabilities. See Form 990, Part X			
1.	(a) Description of liability		(b) Book value	
(1) Federal incom	e taxes			
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total (Column (b) mu	st equal Form 000 Part Y col /P) li	ne 25 )		
FIN 48 (ASC 740) Footno	st equal Form 990, Part X, col (B) li ite. In Part XIV, provide the text of the footnote	to the organization's financial states	ments that reports the organization's liab	ality for uncertain tax positions under
132053 01-23-12				Schedule D (Form 990) 2011

4

Schee	Jule D (Form 990) 2011 NEW MEXICO CATTLE GROWERS	ASSOCI.	ATION	<u>85-0056700 Page</u>	ge <b>4</b>
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A			tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				<u> </u>
4	Net unrealized gains (losses) on investments		· · · · · · · · · · · · · · · · · · ·		
5	Donated services and use of facilities		5		
6	Investment expenses		1 1		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	its With F	levenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	_2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			. <u>2</u> e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
с	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses p	er Return	_
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
с	Add lines 4a and 4b				
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIV Supplemental Information				

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047 **2011** Open to Public Inspection

Name of the organization

NEW MEXICO CATTLE GROWERS' ASSOCIATION

Employer identification number 85-0056700

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC IMPORTANCE TO THE CATTLE INDUSTRY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONTRIBUTIONS & SCHOLARSHIPS AWARDED THROUGH THE VARIOUS SUBCOMMITTEES

OF THE ASSOCIATION & ASSOCIATED ACTIVITIES

FORM 990, PART VI, SECTION A, LINE 2: EMPLOYEE HAS DIRECT FAMILY MEMBERS

ON THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A MEMBER BASED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS ARE VOTED IN ON AN ANNUAL BASIS

FORM 990, PART VI, SECTION A, LINE 7B: MAJOR ISSUES ARE VOTED UPON AT THE REGULAR MEETINGS OF THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 AND 990T ARE REVIEWED BY THE BOARD AT THE FIRST AVAILABLE MEETING AFTER THE PREPARATION OF THE 990

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REVIEWS CONFLICT OF INTEREST POLICIES WITH THE BOARD

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2 Employer identification number
NAME OF THE OFGANIZATION NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
FORM 990, PART VI, SECTION B, LINE 15: SALARY INFORMATION	IS REVIEWED BY
THE BOARD ON AN ANNUAL BASIS FROM INFROMATION DEVIRED FRO	M WITHIN THE
INDUSTRY.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S ARE AVAILABLE
UPON A QUALIFIED REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ES :
CONTRIBUTIONS:	
TOTAL EXPENSES	7,467
POSTAGE:	
TOTAL EXPENSES	7,380
PRINTING:	
TOTAL EXPENSES	7,333
PROPERTY TAXES:	
TOTAL EXPENSES	5,218
TELEPHONE:	
TOTAL EXPENSES	5,082
ON LINE SERVICES:	
TOTAL EXPENSES	4,599
UTILITIES:	
TOTAL EXPENSES	4,480

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Employer identification number
NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
EQUIPMENT RENTAL:	
TOTAL EXPENSES	4,360,
CONTRACT LABOR:	
TOTAL EXPENSES	4,150
ENTERTAINMENT:	
TOTAL EXPENSES	3,648
REPAIRS & MAINTENANCE:	
TOTAL EXPENSES	3,123
DUES & SUBSCRIPTIONS:	
TOTAL EXPENSES	1,910
AUTOMOTIVE:	
TOTAL EXPENSES	
TAXES GROSS RECEIPTS:	
TOTAL EXPENSES	
WOOL GROWERS, NMFLC & RESALE:	
TOTAL EXPENSES	26
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 60,803

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Asset No.	Description	Date Acquired Method	d Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER			8							
	1TABLE 62-E-72	080175SL	10.0(	016	272.			272.	245.		0.
		080175SL	10.00	016	103.			103.	.06		0.
	RIO	020174L	.000		4,303.			4,303.			0.
	BUILDING 2231 RIO 4GRANDE	020174SL	20.00	016	21,000.			21,000.	21,000.		0.
	SELECTRICAL WORK	120674SL	10.0	016	485.			485.	485.		0.
-	6 MEMBERSHIP SOFTWARE	SOFTWARE103098200DB5.00	DB5.00	16	1,640.			1,640.	1,640.		• 0
	72 END TABLES -A124	080175SL	10.0	016	74.			74.	70.		.0
~	15 CAPTAIN CHAIRS 82922	080175SL	10.0	016	729.			729.	655.		0.
	9 REFRIGERATOR	081275SL	10.0	016	279.			279.	250.		0.
Ē	1 ORANGE	081275SL	10.0	016	432.			432.	390.		.0
H	11BRONZE LOGOS	081275SL	10.0	016	250.			250.	225.		.0
H	12CABINETS	091875SL	10.0	016	1,539.			1,539.	1,385.		0.
H	13CABINETS	101075SL	10.0	016	930.			930.	840.		.0
Ĥ	14IBM SELECTRIC	083180SL	10.0	016	533.			533.	480.		0.
7	IBM MAG CARD 15TYPEWRITTER	123180SL	10.0	0016	7,946.			7,946.	7,151.		0.
Ē	16FILE CABINET	073181SL	5.00	16	710.			710.	710.		0.
-	17FILE CABINET	073182PRE	5.00	16	741.			741.	741.		0.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

Asset No.	et Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	18SHELVES	033184PRE		5.00	16	362.			362.	362.	0.000	0.
	FRZ	100187200DB7.0	200DB	7.00	17	591.			591.	591.		0.
	COMPUTER & LASER 20PRINTER	040590200085.0	200DB	5.00	17	3,582.			3,582.	3,582.		0.
		050190200DB7.0	200DB	7.00	17	564.			564.	564.		0.
	MEMBERSHIP FILE 22CABINET	041591200087.0	200DB	7.00	17	186.			186.	186.		.0
	232 STORAGE CABINETS	053191200087.0	200DB	7.00	17	177.			177.	177.		0.
	240AK FILE CABINET	113091200DB7.0	200DB	7.00	17	130.			130.	130.		0.
	Ξ	121091200DB7.0	200DB	7.00	17	368.			368.	368.		0.
	SPEED DIAL OMNIFAX 26CUTTER	080592200087.0	200DB	7.00	17	1,395.			1,395.	1,395.		0.
	27COMPUTER	122392200DB5	200DB	5.00	17	1,336.			1,336.	1,336.		0.
	28LASERJET PRINTER	072293200085.0	200DB	5.00	17	1,566.			1,566.	1,566.		0.
	29DESK	103193200DB5.0	200DB	5.00	17	278.			278.	278.		0.
	30COMPUTER EQUIPMENT	1111593200DB5.0	200DB	5.00	17	4,020.			4,020.	4,020.		.0
	31POSTER DISPLAYS	010195200DB5.0	200DB	5.00	17	2,445.			2,445.	2,445.		0.
	3 2 SCANNER	083095200DB5.0	200DB	5.00	17	1,023.			1,023.	1,023.		0.
	33COLOR PRINTER	110196200DB5.0	200DB	5.00	17	227.			227.	227.		0.
	34EQUIPMENT	030197200DB5.	200DB	5.00	17	1,949.			1,949.	1,949.	Ĩ	0.
	35DELL COMPUTER	110197200DB5.(	200DB	5.00	17	2,855.			2,855.	2,855.		0.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	3 6COMPUTER, LAPTOP	071500200DB5.00	200DE	35.00	17	3,840.			3,840.	3,840.		0.
'n	37FOLDING DISPLAY	071500	500200DB5.00	35.00	17	368.			368.	368.		.0
ñ	38RICOH COPIER	081500	200DE	500200DB5.00	17	3,592.	1000		3,592.	3,592.		.0
ŝ	39COMPUTER- SANDIA	090600200DB5.00	200DF	35.00	17	1,356.			1,356.	1,356.		.0
4	40LAPTOP COMPUTER	033102200DB5.00	200DE	35.00	17	2,058.		617.	1,441.	1,441.		0.
41	DELL NOTEB COMPUTER	072303200DB5.00	200DE	35.00	17	1,600.		800.	800.	800.		0.
4	TELEPHONE SYSTEM 42REPLACEMENT	093003200DB5.00	200DI	35.00	16	7,073.			7,073.	6,868.		.0
4	43FAX MACHINE	121803SL	SL	5.00	16	333.			333.	333.		0.
4,	44COPIER	061504SL	SL	6.00	16	3,598.			3,598.	3,598.		0.
4	45DELL COMPUTER	071504SL	SL	5.00	16	2,798.			2,798.	2,798.		.0
4	46TELEPHONE CC	101505	200DI	505200DB5.00	16	656.			656.	600.		.0
4		083106200DB5.00	200DI	35.00	17	1,941.			1,941.	1,830.		112.
4	BUILDING ADDITION 8 48IMPROVEMENT	8010175SI	SL	30.00	016	22,325.			22,325.	22,325.	(* 101 D	0.
4		091675SL	SL	30.00	016	1,645.			1,645.	1,645.		0.
ñ	BLDG ADDITION & 50IMPROVEMENT	010176SL	SL	30.00	016	1,303.			1,303.	1,303.		0.
D	5 1LANDSCAPING	033176SL	SL	30.00	016	384.			384.	384.		0.
'n	520FFICE WALL	061379SL	SL	5.00	16	410.			410.	410.		0.
Ŋ	5 3LANDSCAPING	122179SL	SL	30.00	016	417.			417.	417.		0.

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(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

128102 05-01-11

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DEPRECIATION	
2011	

10 FORM 990 PAGE

。 0. . 0. 0. 0 0 0 0. 0. ò o 0 o 0 0 0 0 Current Year Deduction Current Sec 179 404. 1,014. 1,590. 505 956 178 366 1,393. 2,142. 502. 577 787 929 337 220 454 1,410 1,813 Accumulated Depreciation 366. 1,393. 2,142. 502. 929 337. 404 1,014. 505. 178 577 787 224 458 961 1,421 1,813 1,593 Basis For Depreciation \* Reduction In Basis Bus % Excl 1,393. 2,142. 502. 404 1,014. 505. 178 366 577 787 929 337 224 1,421 961 458 1,813 1,593 Unadjusted Cost Or Basis S. P 15.0016 9 9 ശ 9 9 9 9 9 6 9 30.0016 S 15.001 15.001 30.001 15.001 15.001 15.001 15.001 15.001 15.001 15.001 15.001 30.001 5.001 15.001 5.001 5.00 Life Method 040187PRE 040187PRE 050187PRE 053082PRE 013184PRE 033184PRE 030187PRE 030187PRE 680FFICE IMPROVEMENTS040187PRE 03181PRE 13081PRE 070183PRE 080183PRE 090183PRE 110183PRE 091980SL 092980SL 43080SL Date Acquired & REPAIRS 64MISC IMPROVEMENTS INSIDE 69BURGLAR ALARM 61WALLS OUTSIDE 56SANDBLASTING 590FFICE FLOOR INSIDE Description 54SCREEN DOORS 70MINI BLINDS DOORS 71SMOKE ALARM 5BACK PORCH 57INSULATION 60ELECTRICAL RESTUCCO 6 5PAINTING I 6 3WALLS 67METAL 62WALLS 58PORCH 66SIGN S Asset No.

ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

Asset No.	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72FIRE BOX	100187PRE		15.00	16	776.			776.	776.		0.
ITN	041392PRE		15.00	16	3,566.			3,566.	3,566.		0.
PAVING - PARKING 74LOT	051493PRE		15.00	16	2,681.			2,681.	2,655.		.0
E	051293150DB5.00	50DB	5.00	16	4,918.			4,918.	4,773.		0.
PAVING - PARKING 76LOT	060193PRE		15.00	16	6,076.			6,076.	6,018.		0.
ALARM	042999SL	18	39.00	17	1,000.			1,000.	1,000.		0.
նես	052199SL		39.00	17	9,703.			9,703.	2,892.		249.
REMODEL FRONT 79BUILDING	101500SL		39.00	017	10,000.			10,000.	2,618.		256.
80HVAC UNIT (BACK)	051502200DB10.0	0 ODB	10.00	17	4,005.		1,202.	2,803.	2,225.		386.
81HVAC UNIT (FRONT)	101502200DB10.0	0 ODB	10.00	17	4,005.		1,202.	2,803.	2,169.		423.
	081904150DB15.0	50DB	15.00	17	5,771.		2,886.	2,885.			383.
DELL POWEREDGE 840 83SERVER	042308200DB5.00	00DB	5.00	17	3,570.			3,570.	2,606.		406.
DELL LATITUDE 84NOTEBOOK	122408200DB5.00	0 ODB	5.00	17	2,562.			2,562.	1,686.		350.
85DESKS & CHAIRS	020909200DB7.00	0 ODB	7.00	17	1,353.			1,353.	525.		237.
860FFICE FURNITURE	020909200DB7.00	000B	7.00	17	1,260.			1,260.	488.		220.
87MOBILE STORAGE UNITO60809SL	r0608098		15.00	017	3,390.			3,390.	339.		226.
88DELL NOTEBOOK	110209200DB5.00	0 ODB	5.00	17	1,092.			1,092.	568.		210.
892007 OFFICE	050210SL		3.00	17	447.			447.	75.		149.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

90DELL OPTIFLEX 380 050210SL 91POWEREDGE T310 07161120 * 990 PAGE 10 TOTAL 07161120 * GRAND TOTAL 990 PAGE 10 DEPR	ЗГ 5.00		Cost Or Basis	Excl	Basis	basis ror Depreciation	Depreciation	Sec 179	Current Year Deduction
TOTAL 990		17	765.			765.	77.		153.
AGE 10 TOTAL TOTAL 990 DEPR	071611200DB5.00	<b>19</b> B	4,922.			4,922.			984.
TOTAL			208.183.		6,707.	201,476.	163,952.	0.	4,744.
DEPR								(	
			208,183.		6,707.	201,476.	163,952.	•	4,'44.

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2011 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

### Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

0 7

	File	a	separate	application	for	each	return.
--	------	---	----------	-------------	-----	------	---------

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,

visit	WWW irs	nov/efile	and click	on e-file	for Charities	RN	lonnrofit

Automatic 3-Month Extension of Time. Only submit original (no copies needed). Part I

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print		
	NEW MEXICO CATTLE GROWERS' ASSOCIATION	<u>x 85-0056700</u>
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
filing your return. See	P.O. BOX 7517	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALBUQUERQUE, NM 87194-7517	

Enter the Return code for the return that this application is for (file a separate application for each return)

Appli	cation	Return	Application			Return	
ls Fo	r	Code	Is For			Code	
Form	990	01	Form 990-T (corporation)			07	
Form	990-BL	02	Form 1041-A			08	
Form	990-EZ	01	Form 4720			09	
Form	990-PF	04	Form 5227			10	
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form	990-T (trust other than above)	06	Form 8870			12	
	TROY SAUBLE the books are in the care of $\blacktriangleright \frac{2231 \text{ RIO GRAND}}{2231 \text{ RIO GRAND}}$	E BLV					
	lephone No.  505-247-0584		FAX No. 🕨				
	the organization does not have an office or place of busines						
	this is for a Group Return, enter the organization's four digit	-					
box	▶ If it is for part of the group, check this box ▶				ers the extension is	for.	
1	I request an automatic 3-month (6 months for a corporation <u>NOVEMBER 15, 2012</u> , to file the exemp is for the organization's return for:	•	•		The extension		
is for the organization's return for: $\mathbf{X}$ calendar year <u>2011</u> or							
	tax year beginning	, ar	d ending		·		
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🗌 Initial return 🔲 Fina	al retur	n		
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nonrefundable credits. See instructions.			<u>3a</u>	\$ 1	.,029.	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	1			
	estimated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	_3b	\$ 1	L,029.	
с	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wi	th this form, if required,				
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	\$	0.	
Caul	ion. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions.	

a 1 a							
Form <b>990-</b> Department of th		xempt Organization Bus (and proxy tax und	ines er sec	s Income Ta	x Return		OMB No. 1545-0687 <b>2011</b> pen to Public Inspection for
Internal Revenue		alendar year 2011 or other tax year beginning		, and ending		50	er identification number
	box if ss changed	Name of organization ( Check box if name ch	nanged a	Ind see instructions.)		(Employe (Employ instructi	vees' trust, see
B Exempt un	der section Print	NEW MEXICO CATTLE GROW	<u>ers '</u>	ASSOCIATIO	N		-0056700
501( 408(e)		Number, street, and room or suite no. If a P.O. box P.O. BOX 7517	k, see ins	tructions.		E Unrelate (See inst	ed business activity codes tructions.)
408A	530(a)	City or town, state, and ZIP code ALBUQUERQUE, NM 87194	_751	7		5241	14
· · · ·	of all accate E. Grou	p exemption number (See instructions.)	<u> </u>			<u>J441</u>	· +
at end of ye		k organization type	1	501(c) trust	401(a) trust		Other trust
482	,236.			_ ()			
		ary unrelated business activity. ► ADMINIS	TRAT	TIVE FEES			
During the	ax year, was the cor	poration a subsidiary in an affiliated group or a parer			► [	Yes	X No
		tifying number of the parent corporation.					
		SHACEY SULLIVAN			ne number 🕨 5		
		de or Business Income	·	(A) Income	(B) Expenses	3	(C) Net
	ceipts or sales	<u> </u>		FF 000		1.5	
-	urns and allowances			55,826.			
		e A, line 7)	2	55,826.			55,826.
•	rofit. Subtract line 2 t	rom line 1c ch Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4a 4b				
-		sts	40				
		hips and S corporations (attach statement)	5		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
			6				· · · · · · · · · · · · · · · · · · ·
		me (Schedule E)	7				
		and rents from controlled organizations (Sch. F)	8				
		ion 501(c)(7), (9), or (17) organization					
(Schedı	ıle G)		9				
10 Exploite	d exempt activity inc	ome (Schedule I)	10				
		le J)	11	8 3			
		ons; attach schedule.)	12				
13 Total.	Combine lines 3 thro	ugh 12 ot Taken Elsewhere (See instructions for	13	55,826.			55,826.
Part II	Deductions N (Except for contrib	<b>ot laken Elsewhere</b> (See instructions for putions, deductions must be directly connecte	or limita	itions on deductions.) the unrelated business	income.)		
14 Comp	ensation of officers, o	lirectors, and trustees (Schedule K)				14	
15 Salarie	s and wages						23,295.
16 Repair	s and maintenance						<u> </u>
						17	
						18	1,449.
						19 20	1,447.
		ee instructions for limitation rules.)					
21 Deprei	clation (attach Form	4562) on Schedule A and elsewhere on return	•••••	21	/ 2	22b	712.
	-					23	,201
		ompensation plans					
		ss				25	
		Schedule I)				26	
		Schedule J)				27	
28 Other	deductions (attach s	chedule)		SEE STAT	EMENT 1	28	40,458.
29 Total	deductions. Add	ines 14 through 28				29	66,433.
		income before net operating loss deduction. Subtra				30	<10,607.
		on (limited to the amount on line 30)				31	0.
		income before specific deduction. Subtract line 31					<10,607.
		ally \$1,000, but see instructions for exceptions.)				33	1,000.
		xable income. Subtract line 33 from line 32. If line				34	<10,607.
		k Reduction Act Notice, see instructions.			<u></u>	34	Form <b>990-T</b> (2011)

Form 990-1		CATTLE	GROWERS '	ASSOCIATIO	N	85-005	6700	F	Page 2
Part I									
35	Organizations Taxable as Corporati	i <mark>ons.</mark> See instru	ictions for tax com	putation.			C = 2		
	Controlled group members (sections	s 1561 and 156	3) check here 🕨	See instructions a	ind:				
а	Enter your share of the \$50,000, \$25	5,000, and \$9,9	25,000 taxable inc	ome brackets (in that or	ler):				
	(1) \$	(2) \$		(3) \$					
b	Enter organization's share of: (1) Ac	ditional 5% tax	(not more than \$1	1,750) \$					
	(2) Additional 3% tax (not more that						10-10		
с	Income tax on the amount on line 34						35c		0.
36	Trusts Taxable at Trust Rates. See	instructions for	tax computation.	Income tax on the amour	t on line 34 from:		14.1.2		
	Tax rate schedule or						36		
37	Proxy tax. See instructions						37		
38	Alternative minimum tax						38		
39	Total. Add lines 37 and 38 to line 35						39		0.
	V Tax and Payments								
	Foreign tax credit (corporations atta	ch Form 1118	trusts attach Form	1116)	40a				
	Other credits (see instructions)								
c	General business credit. Attach Forn				·				
d	Credit for prior year minimum tax (a	ittach Form 880	1 or 8827)		40d	<u></u>			
		h 40d		,			40e		
e 41	Subtract line 40e from line 39						41		0.
41	Other taxes. Check if from: Fo	rm 4255	Form 8611	Form 8697 Eorm	8866 Other	(attach schadula)	42		
42							43		0.
43						1,029.			
	Payments: A 2010 overpayment cro					1,023.			
	2011 estimated tax payments								
	Tax deposited with Form 8868				·				
	Foreign organizations: Tax paid or v				11				
	Backup withholding (see instruction						4		
	Credit for small employer health ins								
1	Other credits and payments:		orm 2439	Total					
	Form 4136	0	ther	lotal	440			1 0	20
45	Total payments. Add lines 44a thro	ough 44g					45	1,0	29.
46	Estimated tax penalty (see instruction						46		
47	Tax due. If line 45 is less than the t						47	1 0	20
48	Overpayment. If line 45 is larger th						48	1,0	29.
49	Enter the amount of line 48 you wa	nt: Credited to	2012 estimated ta		L,029. Re	funded	49		0.
Part									T
	any time during the 2011 calendar ye							Yes	No
	nk, securities, or other) in a foreign o					of Foreign Bank	and		
Fir 2 Du	ancial Accounts. If YES, enter the nat ing the tax year, did the organization receiv ES, see instructions for other forms the orga	me of the foreig	in country here	or of or transferor to a foreign	n trust?				X_
L Du	ES, see instructions for other forms the organization	anization may have	a to file.						X
	ter the amount of tax-exempt interest								
Sche	dule A - Cost of Goods S	old. Enter m	ethod of invento				T 1		
1 Inv	entory at beginning of year	1		6 Inventory at end of			6		
	rchases	2		7 Cost of goods sold					
3 Co	st of labor	3		from line 5. Enter h	ere and in Part I, li	ne 2	7		
<b>4a</b> Ac	ditional section 263A costs	4a		8 Do the rules of sect	ion 263A (with res	pect to		Yes	No
b Ot	ner costs (attach schedule)	4b		property produced	or acquired for res	ale) apply to		125	3.2
<u>5 To</u>	tal. Add lines 1 through 4b	5		the organization?					X
	Under penalties of perjury, I declare to correct, and complete. Declaration of	hat I have examine	ed this return, includin	g accompanying schedules a on all information of which pr	nd statements, and to eparer has any knowle	the best of my kno idae.	wledge and belief,	it is true,	
Sign						N	lay the IRS discus	s this return	with
Here				SECRE	FARY-TRE	ASURER 1	ne preparer shown		
	Signature of officer		Date	1 itie			structions)? X	Yes	No
	Print/Type preparer's name		Preparerssigna	ature	Date		if PTIN		
Paid			V/M.	Kn.		self- employed			
Prep		IUSSEN	KA16		06/01/12		P003		
Use	Only Firm's name DAVII		SMUSSEN,	PC		Firm's EIN 🕨	85-0	40709	13
	- 870								
	Firm's address 🕨 ALE	BUOUERO	<u>UE, NM 8'</u>	/114		Phone no.	(505)8	<u>78-08</u>	529

)#

41

Form 990-T (2011)

# Form 990-T (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Pag Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued				0(-)	
(a) From personal property (if th rent for personal property is 10% but not more than	more than	(b) From real a of rent for p the ren	nd personal property ersonal property exc t is based on profit o	y (if the percenta ceeds 50% or if or income)	ge	columns 2(a)	ly connected with the income in and 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of colur here and on page 1, Part I, line 6, col	lumn (A)	►			En	) Total deductions. ter here and on page 1, rt I, line 6, column (B)	
Schedule E - Unrelated I	Debt-Financed	I Income (see	instructions)				
			2. Gross inc	ometrom	3.		onnected with or allocable need property
1. Description of de	ebt-financed property		or allocable financed p	to debt-	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							
(1) (2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed		adjusted basis allocable to	6. Column 4 by colum			. Gross income portable (column	<ol> <li>Allocable deductions (column 6 x total of columns</li> </ol>
property (attach schedule)	debt-fina	anced property h schedule)				2 x column 6)	3(a) and 3(b))
(1)				%	ļ		
_(2)				%			
(3)				%			
_(4)				%			
						here and on page 1, I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals					L		0. 0.
Total dividends-received deduction	ons included in colum	n 8 Itica and Da	nto Examp C	entrolled	Orgoni	Totiono /aca in	0.
Schedule F - Interest, A	nnuities, Roya						structions)
			pt Controlled O	1		12	
1. Name of controlled organizatio	Employer id	lentification Net u	3. unrelated income (see instructions)	4 Total of s payment	pecified	5. Part of column 4 included in the contr organization's gross i	that is olling ncome 6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
Nonexempt Controlled Organiza	ations						
7. Taxable Income	<ol> <li>Net unrelated inco (see instruction</li> </ol>		fotal of specified pay made	rments 10	in the contro	umn 9 that is included Iling organization's ss income	11. Deductions directly connected with income in column 10
_(1)							
(2)							
(3)							
(4)							
					Enter here an	amns 5 and 10. Id on page 1, Part I, , column (A).	Add columns 8 and 11. Enter here and on page 1, Part I, line 8, column (B).
Table						0.	0
Totals				💌 📘		U.	0.

### Form 990-T (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION

85-0056700

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

	1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					
(2)					
(3)					
(4)					_
		Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals					0.

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3), If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						-
3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0

 

 Totals (carry to Part II, line (5)) ...... ▶
 0 .
 0 .

 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

 columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direc advertising c		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation 6. Readership ome costs		<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>	
(1)									
(2)			_						
(3)		]							
(4)									
(5) Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here ar page 1, Pa tine 11, col.	rt I,						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Directors	s, and	d Trustees (see ir	nstructio	ns)			
1. Name				2. Title		<ol> <li>Percent time devote business</li> </ol>	d to		pensation attributable arelated business
(1)							%		
_(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	ine 14								0 .

\_\_\_\_\_

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1

DESCRIPTION	AMOUNT
MEETING & MEMBERSHIP	20,281.
OFFICE EXPENSE	3,736.
RENT EQUIPMENT	654.
ENTERTAINMENT	547.
INSURANCE	3,532.
ADVERTISING	5,133.
PROFESSIONAL FEES	642.
DUES & SUBSCRIPTIONS	286.
TELEPHONE & UTILITIES	1,434.
TRAVEL & AUTOMOTIVE	1,181.
ON LINE SERVICES	1,312.
CONTRIBUTIONS	1,720.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	40,458.

orm <b>2220</b>	Underpayment o	of E	Estimated Tax	k by (	Cor	pora	ntions		OMB No. 1545-0142
epartment of the Treasury Iternal Revenue Service			See separate instructions h to the corporation's tax r	_		-	990-т		2011
ame			•			0		er identifi	cation number
	XICO CATTLE GROWERS								056700
corporation. Ho	prporation is not required to file Form 2220 ( wever, the corporation may still use Form 22 ne corporation's income tax return, but <b>do n</b> e	20 to	figure the penalty. If so, er						
Part I Requ	ired Annual Payment							· · · ·	
Total tax (see inst	uctions)							1	
			to shaded on the d	l	<b>o</b> 1				
-	company tax (Schedule PH (Form 1120), line t included on line 1 under section 460(b)(2)			·····  -	2a	<u> </u>		-	
	on 167(g) for depreciation under the income				26			1257	
contracts or seen	in toy (g) for depresiation under the income	10101		····· [-					
c Credit for federal	ax paid on fuels (see instructions)			1	2c				
	a through 2c							2d	
	om line 1. If the result is less than \$500, do								
	penalty							3	
	vn on the corporation's 2010 income tax retu	•	,						
or the tax year w	as for less than 12 months, skip this line an	ıd en	ter the amount from line 3	on line 5				4	
Described second	payment. Enter the smaller of line 3 or line	1 144	be corporation is required t	o okin lin	o 4				
	from line 3							5	
Part II Reas	ons for Filing - Check the boxes belo	w th	at apply. If any boxes are ch	ecked, th	e corp	pration m	ust file Form 2	1 -	
	t does not owe a penalty (see instructions).			,					
6 D The corp	pration is using the adjusted seasonal installr	nent	method.						
	pration is using the annualized income install								
	pration is a "large corporation" figuring its firs	st reg	uired installment based on	the prior	<u>/ear's t</u>	ax.			···· · · · ·
Part III Figu	ing the Underpayment					- 1			
			(a)		b)		(c)		(d)
(d) the 15th day ( Use 5th month),	lates. Enter in columns (a) through of the 4th (Form 990-PF filers: Sth, 9th, and 12th months of the year	9							
•	nents. If the box on line 6 and/or line 7	<u> </u>							
•	, enter the amounts from Sch A, line 38. If								
the box on line 8	(but not 6 or 7) is checked, see instructions								
	o enter. If none of these boxes are checked,								
	5 above in each column.	10							
	d or credited for each period (see								
	column (a) only, enter the amount								
from line 11 on li		11							
going to the nex	2 through 18 of one column before								
	any, from line 18 of the preceding column	12							
	12	13							
	lines 16 and 17 of the preceding column	14							
	rom line 13. If zero or less, enter -0-	15							
6 If the amount on	line 15 is zero, subtract line 13 from line								
	ter -0	16							
	f line 15 is less than or equal to line 10,								
	rom line 10. Then go to line 12 of the next								
column. Otherwi	se, go to line 18	17							
	line 10 is less than line 15, subtract line 10 n go to line 12 of the next column	18							

JWA For Paperwork Reduction Act Notice, see separate instructions.

### FORM 990-T Form 2220 (2011)

### Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
9	Enter the date of payment or the 15th day of the 3rd month						
	after the close of the tax year, whichever is earlier (see						
	instructions). (Form 990-PF and Form 990-T filers: Use 5th					1	
	month instead of 3rd month.)	19					
)	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2011 and before 7/1/2011	21					
2	Underpayment on line 17 x Number of days on line 21 x 4%	22	\$	\$	\$	\$	
	365						
3	Number of days on line 20 after 08/30/2011 and before 10/1/2011 $\dots$	23					
							÷.;
4	Underpayment on line 17 x Number of days on line 23 x 4%	24	\$	\$	\$	\$	
	365						
5	Number of days on line 20 after 9/30/2011 and before 1/1/2012	25					
6	Underpayment on line 17 x Number of days on line 25 x 3%	26	\$	\$	\$	\$	
	365						
7	Number of days on line 20 after 12/31/2011 and before 4/1/2012	27					
8		28	\$	\$	\$	\$	
	366						
9	Number of days on line 20 after 3/31/2012 and before 7/1/2012	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$	
	366		1				
11	Number of days on line 20 after 6/30/2012 and before 10/01/2012	31					
						-	
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
	366						
13	Number of days on line 20 after 9/30/2012 and before 1/1/2013	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
	366						
5	Number of days on line 20 after 12/31/2012 and before 2/16/2013	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
	365				×  .		
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the t						
	or the comparable line for other income tax returns					38 \$	

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

JWA

Form 2220 (2011)

Form	4562
Form	

11

4500							OMB No. 1545-0172
Form <b>4562</b>			ation and A Information on I				2011 Attachment
Internal Revenue Service (99)	► Se	e separate instru	uctions. 🕨 Att	ach to your tax	return.		Sequence No. 179
Name(s) shown on return			В	usiness or activity to v	which this form relates	3	Identifying number
NEW MEXICO CAT				ORM 990			85-0056700
Part   Election To Expens	e Certain Propert	Under Section 17	9 Note: If you have an	y listed property	, complete Part \	/ before yo	
1 Maximum amount (see in	nstructions)					1	<u>    500,000.</u>
2 Total cost of section 179	property place	d in service (see i	nstructions)			2	
3 Threshold cost of sectio	n 179 property l	pefore reduction i	n limitation			3	2,000,000.
4 Reduction in limitation.	Subtract line 3 fr	om line 2. If zero	or less, enter -0-			4	
5 Dollar limitation for tax year. Sub							
	(a) Description of prop			ousiness use only)	(c) Elected	1	
	······································						
7 Listed property. Enter th							
8 Total elected cost of sec	ction 179 proper	ty. Add amounts	in column (c), lines 6	and 7		8	
9 Tentative deduction. En	ter the smaller (	of line 5 or line 8				9	
10 Carryover of disallowed	deduction from	line 13 of your 20	)10 Form 4562			10	
11 Business income limitati		-				1 1	
12 Section 179 expense de			•				
13 Carryover of disallowed							
Note: Do not use Part II or I					I	I	
			epreciation (Do not i	nclude listed pro	nerty )		
							······
14 Special depreciation allo							
15 Property subject to sec	tion 168(f)(1) ele	ction				1 1	
16 Other depreciation (incl						16	
Part III MACRS Depre	eciation (Do no	include listed pr	operty.) (See instructi	ons.)			
			Section A				
17 MACRS deductions for	assets placed ir	service in tax ye	ars beginning before	2011		17	3,760.
18 If you are electing to group any	assets placed in serv	ce during the tax year	into one or more general ass	at accounts, check he	re 🕨 🗌		
Sect	tion B - Assets	Placed in Servic	e During 2011 Tax Y	ear Using the G	eneral Deprecia	ation Syste	em
(a) Classification of p		(b) Month and year placed in service	(c) Basis for depreciation (business/investment u only - see instructions	n (d) Recove			(g) Depreciation deduction
19a 3-year property							
b 5-year property			4,92	2. 5 YRS	B. HY	200DB	984.
c 7-year property							
d 10-year property							
						1	
						1	
f 20-year property		-		05		0/1	
g 25-year property				25 yrs.		S/L	· · · · · · · · · · · · · · · · · · ·
h Residential rental p	roperty	·····		27.5 yrs		S/L	
n nondennarientarp		1 /	1	27.5 vrs	s. MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System Т Т

MM

MM

39 yrs.

S/L

S/L

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	
Pa	rt IV Summary (See ins	tructions.)				
21	Listed property. Enter amou	unt from line 28			21	
22	Total. Add amounts from lir	ne 12, lines 14 through 17, lines 19 and 20	in column (g), and line 21.			
I	Enter here and on the appro	opriate lines of your return. Partnerships an	d S corporations - see inst	r	22	<u>4,744.</u>
		d placed in service during the current year				
	portion of the basis attribut	able to section 263A costs				

118251 11-21-11 LHA For Paperwork Reduction Act Notice, see separate instructions.

Nonresidential real property

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1

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Form	n 4562	(2011)	NEW	MEXICO	САТ	TLE (	ROW	ERS'	AS	SOCIA	TION		85-	0056	700 F	age 2
	rt V	Listed Propert										d for en				
		amusement.) Note: For any v	chiele for wh	vich vou are u	ing the	standard	mileane	rate or	dodu	ntina logoa	evnense	comol	ete oni	v 24a 24	th colum	ns (a)
		through (c) of S	Section A, all	of Section B,	and Sec	tion C if a	applicab	le.	ueuu	curry rease	ехрензе	, compr		y 240, 24		
		Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution: S	ee the ir	nstruc	tions for li	nits for p	assenge	er auton	nobiles.)		
24a	Do you	have evidence to s	upport the bu	siness/investme	nt use cla	imed?	Ye	s 🗌	<u> No</u>	24b If "Y	es," is the	eviden	ice writ	ten?	Yes 🗌	No
		(a)	(b) Date	(c)		(d)		(e)		(f)	(ç			(h)	(i	
		of property hicles first )	placed in	Business/ investment		Cost or her basis		s for depre iness/inve		Recovery	Meti Conve			eciation uction	Elec sectior	
			service	use percentag	le			use only				1 -			CO	st
	•	l depreciation allo														
		ore than 50% in					·····		<u></u>			25			50	
<b>26</b> F	Propert	ty used more tha	n 50% in a q					·		1						
			<u> </u>		6											
			: <u>.</u>		6											
					6		1									
27 F	Propert	ty used 50% or le	ess in a quali							· · · · · · · · · · · · · · · · · · ·						
			<u> </u>		6						S/L-					
			ii		6						S/L·					
					6						S/L·	1				
		nounts in column		-				. –				28				
29 /	Add an	nounts in column	(i), line 26. E											. 29		
						B - Infori										
Com	plete t	his section for ve ided vehicles to y	hicles used	by a sole prop	rietor, p	artner, oi	r other "	more th	an 5%	owner," (	or related	person tion to c	omelet	ing this (	portion fo	r
	u provi ie vehic		our employe	es, first answ	er the qu	Jestions	in Sectio		500 II	you meet a	anexcep		,ompier	ing this :	Section 10	1
									T · · ·		· ·					
					· ·	a)	•	<b>)</b>	Ι.	(c)	(c	•		(e) biolo	(f)	
		isiness/investment		-	Vei	nicle	Veh	licle	'	/ehicle	Veh	ICIE	l Ve	hicle	Vehi	cie
		o not include com							-		- <u> </u>					
		ommuting miles														
		ther personal (no	-	-					1							
		niles driven durin							1							
		es 30 through 3													X	
		ne vehicle availat	•		Yes	No	Yes	No	Ye	s <u>No</u>	Yes	No	Yes	No	Yes	No
		off-duty hours?												+		
		ne vehicle used p														
		% owner or relat							-							
	_	ther vehicle availa	•													
	use?	<u></u>												_!		
				- Questions											aava thaa	E0/
		ese questions to	determine if	you meet an e	xceptio	n to com	pleting	Section	Bior	venicies us	sea by er	npioyee	S WIID a	arenoti	nore trian	570
		related persons. u maintain a writt		tement that a	rabibita .				on in	aludina ao	mmuting	by you	r		Yes	No
	•														105	
~~	employ	yees? u maintain a writt		tomost that a	robibito					nt commu	ting by y			•••••		+
		yees? See the in:														
		u treat all use of v														
		u provide more th														
		e of the vehicles,														
		u meet the requir														+
		If your answer to										•••••				1
		Amortization	<u>07, 00, 03, -</u>	10, 01 41 13 14	3, 001	ot comp			01 (110	00101001	0///0/000.					
		(a)			(b)		(c)			(d)		(e)			(f)	
		Description	of costs	Dat	(b) e amortizatior begins	1	Amortizal amoun	ble t		Code section		Amortiza period or pe	ation	1	Amortization for this year	
42	Amort	ization of costs t	hat begins d	Jring Vour 201		ar:						or bo			,	
42						1										
					<u> </u>	1										
42	Amort	ization of costs t	hat began be	fore vour 201	tax ve	ar					I		43			
		Add amounts in	-	-	-								44			

44 Total. Add amounts in column (f). See the instructions for where to report

si.

Form	8868
(Rev	January 2012)
	ent of the Treasury
Internal	Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return	'n.
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01

•	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
•	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part	Automatic 3-Mor	th Extension of Time.	Only submit original	(no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete
Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
print				
	NEW MEXICO CATTLE GROWERS' ASSOCIATION	LX 85-0056700		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)		
filing your return. See	P.O. BOX 7517			
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	ALBUQUERQUE, NM 87194-7517			

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application		F	Return
Is For	Code	Is For			Code
Form 990	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
<ul> <li>TROY SAUBLE</li> <li>The books are in the care of ▶ 2231 RIO GRAND Telephone No.▶ 505-247-0584</li> </ul>		FAX No. ►			
<ul> <li>If the organization does not have an office or place of busines</li> </ul>					
If this is for a Group Return, enter the organization's four digit	_				
box 🕨 🛄 . If it is for part of the group, check this box 🕨				ers the extension is fo	r.
1 I request an automatic 3-month (6 months for a corporatio <u>AUGUST 15, 2012</u> , to file the exem is for the organization's return for:	•	•		The extension	
<b>S</b> is the organization's feature for $\mathbf{X}$ calendar year $\underline{2011}$ or					
	, ar	nd ending			
	, ai			_ ·	
2 If the tax year entered in line 1 is for less than 12 months, Change in accounting period	check reas	son: 🦳 Initial return 🗌 Fina	ıl retur	n	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069, e	enter the tentative tax, less any			_
nonrefundable credits. See instructions.	-		3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_
estimated tax payments made. Include any prior year over	payment a	allowed as a credit.	<u>3b</u>	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your p	ayment wi	th this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System)	. See instru	uctions.	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment instru	ctions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Department of the Treasury

Internal Revenue Service

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4.

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)



> The organization may have to use a copy of this return to satisfy state reporting requirements.

B         Construction         D         Employee identification number           Ministry         NEW MEXICO CATTLE GROWERS' ASSOCIATION         85-0056700           Doing Business As         Number and street (or P.0. box if mail is not delivered to street address)         Room/suite         E Telephone number           Ministry         Outpot Business As         404,393.         Address         404,393.           Ministry         F Name and address of principal officer SHACEY SULLIVAN         F Name and address of principal officer SHACEY SULLIVAN         H(a) Is this a group return         for a stress in the formation of the principal officer SHACEY SULLIVAN           I         Tracexampt status:         501(3)         X 501(2)         S 51(2)         No           He Carl describe the organization's mission or most significant activities:         TO PROMOTE & PROTECT THE CATTLE         IN brief describe the organization's mission or most significant activities:         TO PROMOTE & PROTECT THE CATTLE           INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFTED VOICE ON ISSUESE OF         2 Check this box b         If the organization's mission or most significant activities:         TO PROMOTE & PROTECT THE CATTLE           INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFTED VOICE ON ISSUESE OF         70         Contributions and grants (Part VIII, column (C), line 12         77         70         55,826.           I Driet wore of independent voting members of the governing body (	AF	For the 2	011 calendar year, or tax year beginning and	ending			
Seeder       00ing Business As       85-0056700         Instant       Number and street (or P.0. box if mall is not delivered to street address)       Room/sulte       E Telephone number         Preventer       1       0.0       S05-247-0584       404,393.         Argenizer       ALBUOURROUE, NM 87194-7517       H(a) is this a group return for affiliates includer? Tes No       No         1       Taxexempt status:       501(0)(3)       X510((1)(5)       S0       X67       No         1       Taxexempt status:       501(0)(3)       X510((1)(5)       S1       No       H(b) is this a group return for affiliates includer? Tes No       No         1       Taxexempt status:       S01(0)(3)       X510((1)(5)       S1       H(c) droup status its 101(0)(1)       No       H(c) droup status its 100(0)(1)       No       H(c) droup status its 100(0)(1)       No       H(c) droup status its 100(0)       No       H(c) droup status its 100(0)       No       H(c) droup status its 100(0)       H(c) droup status its 100(0) <td< td=""><td></td><td>Check if applicable:</td><td>C Name of organization</td><td></td><td>D Employer iden</td><td>tification number</td><td></td></td<>		Check if applicable:	C Name of organization		D Employer iden	tification number	
Seeder       00ing Business As       85-0056700         Instant       Number and street (or P.0. box if mall is not delivered to street address)       Room/sulte       E Telephone number         Preventer       1       0.0       S05-247-0584       404,393.         Argenizer       ALBUOURROUE, NM 87194-7517       H(a) is this a group return for affiliates includer? Tes No       No         1       Taxexempt status:       501(0)(3)       X510((1)(5)       S0       X67       No         1       Taxexempt status:       501(0)(3)       X510((1)(5)       S1       No       H(b) is this a group return for affiliates includer? Tes No       No         1       Taxexempt status:       S01(0)(3)       X510((1)(5)       S1       H(c) droup status its 101(0)(1)       No       H(c) droup status its 100(0)(1)       No       H(c) droup status its 100(0)(1)       No       H(c) droup status its 100(0)       No       H(c) droup status its 100(0)       No       H(c) droup status its 100(0)       H(c) droup status its 100(0) <td< td=""><td></td><td>Address</td><td>NEW MEXICO CATTLE GROWERS' ASSOCIATIO</td><td>N</td><td></td><td></td><td></td></td<>		Address	NEW MEXICO CATTLE GROWERS' ASSOCIATIO	N			
Image: Sector Secto		Name		85-	-0056700		
Image: Perform       City or town, state or country, and ZIP + 4       G. Gessareselpts 4       4.04,393.         Image: Perform       Finame and address of principal officers: SHACEY SULLIVAN       His this a group return       for address of principal officers: SHACEY SULLIVAN         I Taxexempt status:       501(c)(3)       X 501(c)(5)       Image: Comparison of the comparison of		Initial		Room/suite	E Telephone nun	nber	
City or town, state or country, and ZIP + 4       ALBUQUERQUE, NM 87194-7517       G. Grave resubts 404,393.         Preder       233. RIO. GRANDE NE, ALBUQUERQUE, NM 87104       H(a) Is this a group return for affiliates?       Ves X. No (h) Ar all affiliates included? Ves No (h) (h) (h) Ar all affiliates included? Ves No (h) (h) (h) (h) Ar all affiliates included? Ves No (h)		Termin-			505	5-247-0584	
ALBQUUERQUE, NM 87194-7517       H(a) is this a group roturn for affiliates of principal officer.SHACEY SULLIVAN 2231 R1O GRANDE NE, ALBUQUERQUE, NM 87104       H(a) is this a group roturn for affiliates included? Ves No H(b) Are all affiliates included?         J Website: ►NMAGRICULTURE. ORG       H(b) is this a group roturn for affiliates.       H(b) is this a group roturn for affiliates.         J Website: ►NMAGRICULTURE. ORG       H(c) Group exemption number ►         I Bridly describe the organization: XI Corporation       Trust       Association       Other ►       L Year of formation: 1964 M State of legal domicile: NM H(c) Group exemption number ►         I Bridly describe the organization is mission or most significant activities: TO PROMOTE & PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUSES OF 2 Check this box ►       I a group and the operaning body (Part V, line 1a)       I a group and the operaning body (Part V, line 1b)       I a group and the operaning body (Part V, line 1a)         3 Number of toiling members of the governing body (Part V, line 1a)       I a group and the operaning body (Part V, line 1a)       I a group and the operand the					G Gross receipts \$	404,39	3.
Pending       F Name and address of principal officer:SHACEY SULLIVAN       for affiliates?       ↓ Yes       No         1       Tax-exempt status:       501(6)(3)       X 100(()       S10(()		Applica-			H(a) Is this a grou	ıp return	
I Tax-exempt status:       501(c)(3)       X       501(c)(1)       Y       4947(a)(1) or       527         J website:       NMAGRICULTURE, ORG       HC: Group exemption number ▶         K-Form of organization:       X corporation       Trust       Association       Other ▶       L Vear of formation:       196 dM State of legal domicile:       NM         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       TO PROMOTE & PROTECT THE CATTLE         1       DUDSTRY IN NEW MEXICO BY PROVIDING A UNIFFED VOICE ON ISSUSES OF         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       4       822         4       Number of voting members of the governing body (Part VI, line 2a)       6       7         6       Total number of volunteers (estimate if necessary)       6       0         7       Total number of volunteers (estimate if necessary)       164.961.178.5955.       17.8.595.2626.         9       Program service revenue (Part VIII, column (A), lines 3.4, and 7d)       284.170.       178.548.153.         10       Investment income (Part VIII, colum (A), lines 4.4, and 7d)       0.0.0.       0.0.0. <t< td=""><td></td><td>pending</td><td>F Name and address of principal officer: SHACEY SULLIVAN</td><td></td><td>for affiliates?</td><td>Yes XI</td><td>No</td></t<>		pending	F Name and address of principal officer: SHACEY SULLIVAN		for affiliates?	Yes XI	No
J       Website:       NMAGRICULTURE.ORG       H(c) Group exemption number         K       Form of organization:       X I Corporation       Trust       Association       Other       L Year of formation:       1964       M State of legid domicile: NM         Part II       Summary       I       Briefly describe the organization's mission or most significant activities:       TO       PROMOTE & PROTECT       THE CATTLE         INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUES OF       Check this box       If the organization discontinue di soperations or disposed of more than 25% of its net assets.       3         3       Number of voiting members of the governing body (Part VI, line 1a)       4       82         4       Number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of volunteers (estimate if necessary)       6       0         7a       Total unrelated business revenue from Form 990-T, line 34       7b       <10, 607.>         9       Program service revenue (Part VII, lone 1h)       163, 208.       157, 475.         10       Interstement income (Part VII, column (A), lines 3, 4, and 70       284.       170.         11       Other revenue (Part VII, lone 1h)       165, 315.       68, 153.       174, 455.         12       Total arvenue - add li			2231 RIO GRANDE NE, ALBUQUERQUE, NM 8	7104	H(b) Are all affiliates	s included? 🔄 Yes 📃 I	No
K form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1964 M State of legal domicile: NM         Part I       Summary         1       Briefly describe the organization's mission or most significant activities:       TO       PROMOTE & PROTECT THE CATTLE         1       INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUSES OF       2         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       82         4       Number of independent voting members (estimate if necessary)       6       70         6       Total number of volunteers (estimate if necessary)       7       6       0         7       a total nurelated business revenue from Form 990-T, line 34       163, 208, 157, 475.       10, 607.>         9       Program service revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)       163, 208, 157, 475.       10         10       there revenue (Part VIII, column (A), lines 5, 44, a0 70)       164, 961.       178, 595.       10         11       Other revenue (Part VIII, column (A), lines 5, 4, and 70)       1654, 303.       0.       0.       0.       0.       0.       0.	1	Tax-exem	pt status: 501(c)(3) X 501(c) ( 5 _ ) ◀ (insert no.) 4947(a)(1)	or 52	7 If "No," attac	ch a list. (see instructions)	
Part I       Summary <ul> <li>Briefly describe the organization's mission or most significant activities: TO PROMOTE &amp; PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUSES OF</li> <li>Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets.</li> </ul> <li>Number of voting members of the governing body (Part VI, line 1a)</li> <li>A number of individuals employed in calendar year 2011 (Part V, line 2a)</li> <ul> <li>Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)</li> <li>Fotal number of volunteers (estimate if necessary)</li> <li>Fotal numelated business taxable income from Form 9007, line 34.</li> </ul> <li>B Contributions and grants (Part VIII, line 1h)</li> <li>Prior Year</li> <li>Current Year</li> <li>Stata set similar amounts paid (Part VII, column (A), lines 3, 4, and 7d)</li> <li>Cher revenue (Part VIII, column (A), lines 3, 4, and 7d)</li> <li>Contributions and grants (Part VIII, column (A), lines 13)</li> <li>Contraits and similar amounts paid (Part X, column (A), lines 13)</li> <li>Genetis paid to or for members (Part X, column (A), lines 13)</li> <li>Genetis paid to or for members (Part X, column (A), line 25)</li> <li>Total expenses. Add lines 34.17 (must equal Part X, column (A), lines 5-10)</li> <ul> <li>Iof 5, 655.1166, 974.</li> <li>Gotal sets (Part X, column (A), line 12)</li> <li>Statal expenses. Add lines 13.17 (must equal Part X, column (A), line 25)</li> <li>Cotal sexpenses. Add lines 13</li></ul>							
and the set of the set				L Yea	r of formation: 196	4 M State of legal domicile:	<u>NM</u>
INDUSTRY IN NEW MEXICO BY PROVIDING A UNIFIED VOICE ON ISSUSES OF         2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voling members of the governing body (Part VI, line 1a)       3 82         4 Number of independent voling members of the governing body (Part VI, line 1a)       3 82         5 Total number of independent voling members of the governing body (Part VI, line 1a)       4 82         5 Total number of independent voling members of the governing body (Part VI, line 2a)       5 77         6 Total number of volunteers (estimate if necessary)       6 0         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a 55,82.6         b Net unrelated business revenue from Porm 990-T, line 34.       Prior Year         9 Program service revenue (Part VIII, line 1h)       163,208.       157,475.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       284.       170.         11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       284.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.       0.         13 Baries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       165,655.       116,974.       163,238.       28,352.         14 Benefits paid to or for members (Part IX, column (A), line 25	P						
e       A number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of individuals employed in calendar year 2011 (Part V, line 2a)       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0 <td>e</td> <td>1 Br</td> <td>iefly describe the organization's mission or most significant activities: <math>{\ { m TO} \ \ P}</math></td> <td>ROMOT</td> <td>E &amp; PROTEC</td> <td>T THE CATTLE</td> <td></td>	e	1 Br	iefly describe the organization's mission or most significant activities: ${\ { m TO} \ \ P}$	ROMOT	E & PROTEC	T THE CATTLE	
e       A number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of individuals employed in calendar year 2011 (Part V, line 2a)       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0 <td>ů.</td> <td>I I</td> <td>NDUSTRY IN NEW MEXICO BY PROVIDING A UN</td> <td>IFIED</td> <td>VOICE ON</td> <td>ISSUSES OF</td> <td></td>	ů.	I I	NDUSTRY IN NEW MEXICO BY PROVIDING A UN	IFIED	VOICE ON	ISSUSES OF	
e       A number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of individuals employed in calendar year 2011 (Part V, line 2a)       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0 <td>sr në</td> <td>2 Cł</td> <td>neck this box 🕨 🛄 if the organization discontinued its operations or dispo</td> <td>osed of mo</td> <td>re than 25% of its ne</td> <td></td> <td></td>	sr në	2 Cł	neck this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of mo	re than 25% of its ne		
e       A number of individuals employed in calendar year 2011 (Part V, line 2a)       5       7         6       Total number of individuals employed in calendar year 2011 (Part V, line 2a)       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0         7       a Total number of individuals employed in calendar year 2011 (Part V, line 2a)       7       6       0 <td>No.</td> <td>3 NI</td> <td>•</td> <td></td> <td></td> <td></td> <td></td>	No.	3 NI	•				
b Net unrelated business taxable income from Form 990-T, line 34       17b       <10, 607.>         Prior Year       Current Year         163, 208.       157, 475.         9 Program service revenue (Part VIII, line 2g)       164, 961.       178, 595.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 655.       116, 974.         16a Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18         18 Total fundraising expenses. Column (D), line 25)       0.       0.       0.       0.         163       70 ther expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18       104 (c) 147.	 	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)				
b Net unrelated business taxable income from Form 990-T, line 34       17b       <10, 607.>         Prior Year       Current Year         163, 208.       157, 475.         9 Program service revenue (Part VIII, line 2g)       164, 961.       178, 595.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 655.       116, 974.         16a Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18         18 Total fundraising expenses. Column (D), line 25)       0.       0.       0.       0.         163       70 ther expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18       104 (c) 147.	es	5 To					
b Net unrelated business taxable income from Form 990-T, line 34       17b       <10, 607.>         Prior Year       Current Year         163, 208.       157, 475.         9 Program service revenue (Part VIII, line 2g)       164, 961.       178, 595.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 655.       116, 974.         16a Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18         18 Total fundraising expenses. Column (D), line 25)       0.       0.       0.       0.         163       70 ther expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18       104 (c) 147.	iviti	6 To					
b Net unrelated business taxable income from Form 990-T, line 34       17b       <10, 607.>         Prior Year       Current Year         163, 208.       157, 475.         9 Program service revenue (Part VIII, line 2g)       164, 961.       178, 595.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 655.       116, 974.         16a Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17 Other expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18         18 Total fundraising expenses. Column (D), line 25)       0.       0.       0.       0.         163       70 ther expenses (Part IX, column (A), line 12       280, 492.       328, 352.       18       104 (c) 147.	Act	7 a To					
8       Contributions and grants (Part VIII, line 1h)       163,208       157,475         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       164,961       178,595         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65,315       68,153         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.0       0.0         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.0       0.0         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.0       0.0         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0       0.0         16a       Professional fundraising fees (Part IX, column (A), line 25)       0.0       0.0         17       Other expenses (Part IX, column (A), line 11e)       0.0       0.0         18       Total supenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.0       0.0         19       Revenue less expenses. Subtract line 18 from line 12       280,492.328,352.       328,352.         19       Revenue less expenses. Subtract line 18 from line 12       251,623.482,2366.       21,623.482,2366.         21       Total assets (Part X, line 26)       2.603.4,149.       2.603.4,149.	_	b Ne	et unrelated business taxable income from Form 990-T, line 34	<u></u>			<u> /.</u> >
9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       164, 961.       178, 595.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       284.       170.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 315.       68, 153.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       165, 6555.       116, 974.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       280, 492.       328, 352.       328, 352.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       252, 379.>       <40, 933.>         20       Total assets (Part X, line 16)       22.       521, 623.       482, 236.         21       Total labilities (Part X, line 26)       2, 603.       4, 149.							
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       053, 313.       067, 133.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 6555.       116, 974.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         b       Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       0.       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       280, 492.       328, 352.         18       Total expenses. Subtract line 18 from line 12       <280, 492.	อี	8 C					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       053, 313.       067, 133.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 6555.       116, 974.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         b       Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       0.       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       280, 492.       328, 352.         18       Total expenses. Subtract line 18 from line 12       <280, 492.	iuə/	9 Pr	•				
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       053, 313.       067, 133.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       393, 768.       404, 393.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       165, 6555.       116, 974.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         b       Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       0.       0.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       280, 492.       328, 352.         18       Total expenses. Subtract line 18 from line 12       <280, 492.	Rev	10 In					
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       165, 655.       116, 974.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       0.       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       0.       280, 492.       328, 352.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       446, 147.       445, 326.         19       Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>          20       Total assets (Part X, line 16)       2, 603.       4, 149.         2, 603.       4, 149.         21       Total liabilities (Part X, line 26)       2, 603.       4, 149.         519, 020.       478, 087.         22       Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.           <	_	11 0					
10       Control of the child of the control of the con							
14       Both the plane to of refinements of each system of the transformation of each system of the transformation of each system of the transformation of transformatio transformatio transformatio transformation of transfo							
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       0.       280, 492.       328, 352.         17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       0.       280, 492.       328, 352.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       446, 147.       445, 326.         19 Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>         20 Total assets (Part X, line 16)       2.       521, 623.       482, 236.         21 Total liabilities (Part X, line 26)       2.603.       4.149.         22 Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.         Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is							
17       Other expenses (Part IX, column (A), lines T1a-T10, T11-249)       200, 4922, 520, 3921         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       446, 147.       445, 326.         19       Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>         20       Total assets (Part X, line 16)       521, 623.       482, 236.         21       Total liabilities (Part X, line 26)       2, 603.       4, 149.         22       Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ses	15 Si	• • • • •				
17       Other expenses (Part IX, column (A), lines T1a-T10, T11-249)       200, 4922, 520, 3921         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       446, 147.       445, 326.         19       Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>         20       Total assets (Part X, line 16)       521, 623.       482, 236.         21       Total liabilities (Part X, line 26)       2, 603.       4, 149.         22       Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ens	16a P		<b>•</b>		<u> </u>	0.
17       Other expenses (Part IX, column (A), lines T1a-T10, T11-249)       200, 4922, 520, 3921         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       446, 147.       445, 326.         19       Revenue less expenses. Subtract line 18 from line 12       <52, 379.>       <40, 933.>         20       Total assets (Part X, line 16)       521, 623.       482, 236.         21       Total liabilities (Part X, line 26)       2, 603.       4, 149.         22       Net assets or fund balances. Subtract line 21 from line 20       519, 020.       478, 087.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	- A	b To			280 40	2 328 35	52
19       Revenue less expenses. Subtract line 18 from line 12       <52,379.>       <40,933.>         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       521,623.       482,236.         21       Total liabilities (Part X, line 26)       2,603.       4,149.         22       Net assets or fund balances. Subtract line 21 from line 20       519,020.       478,087.         Part II       Signature Block       Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		'  <b>1</b> 7 U					
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       521,623.       482,236.         21       Total liabilities (Part X, line 26)       2,603.       4,149.         22       Net assets or fund balances. Subtract line 21 from line 20       519,020.       478,087.         Part II         Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is							
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is		19 R	evenue less expenses. Subtract line 18 from line 12				<u>/////////////////////////////////////</u>
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ts o						36
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	Asse		•	1			
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	let /						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	نے 1	<u>L 22 N</u> Part II				<u> </u>	
				les and state	ments, and to the best	of my knowledge and belief.	it is

Sign	Signature of officer	Date
Here	SHACEY SULLIVAN, SECRETARY-TREASURER Type or print name and title	
	Print/Type preparer's name Print Pri	Date Check PTIN
Paid	DAVID A. RASMUSSEN	06/01/12 self-employed P00301171
Preparer	Firm's name DAVID A. RASMUSSEN, PC	Firm's EIN <b>85-0407093</b>
Use Only	Firm's address 8708 SECOND STREET NW	
	ALBUQUERQUE, NM 87114	Phone no. (505)878-0829
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
132001 01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Page 2
Par	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE & PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A
	UNIFIED VOICE ON
	ISSUES OF ECONOMIC IMPORTANCE TO THR CATTLE INDUSTRY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-FZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$) (Revenue \$)
	ANNUAL & QUARTERLY TRADE ASSOCIATION MEETINGS ARE PROVIDED FOR
	MEMBERSHIP INPUT RELATED TO THE CATTLE INDUSTRY. BENEFITS ALL MEMBERS
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
-10	REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING
	MEETINGS ATHE REGIONAL & NATIONAL LEVEL AS WELL AS STATE LEGISLATURE.
	BENEFITS ALL MEMBERS
4c	(Code:) (Expenses \$) (Revenue \$_Revenue \$_Reven
	COORDINATED, COMMUNICATIONS PROVIDED TO MEMBERS, & INSURANCE PROGRAM
	CAN BE PROVIDED. BENFITS ALL MEMBERS
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4</u> e	Total program service expenses

@\*

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Form 990 (2011)

	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056	700	Pa	age 3
I GI			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
	If "Yes," complete Schedule A	1		X
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4	l	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u>`</u>		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		x
•	Schedule D, Part III			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<u>†</u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	x
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		<u> </u>	<b></b>
С		11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u> </u>		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	1 Ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI, XII, and XIII	120		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	<u>14b</u>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	+	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	

Form 990 (2011)

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# Form 990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION Part IV Checklist of Required Schedules (continued) Continued) Continued Contind Continued Contind

-			1	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			х
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			х
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>_</u>
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	200		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		
	Schedule L, Part I	200		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		x
~~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
	of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		x
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	1	
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
~~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-25		
30		30		x
	contributions? If "Yes," complete Schedule M		1	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
~~	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		x
~~	Schedule N, Part II	02		+
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
~	Was the organization related to any tax-exempt or taxable entity?		1	<b></b>
34		34		x
	If "Yes," complete Schedule R, Parts II, II, IV, and V, line 1	35a		X
	Did the organization have a controlled entity within the meaning of section 312(b)(13)?	004		- <u>*</u>
D	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
~~	Section 512(0)(13) 7 if Yes, complete Schedule P, Fart V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1000	1	+
36		36		
<b>6</b> -	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		+
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
00	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	- 57		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
		1 00	1 43	

Form 990 (2011)

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Form	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATIO	N	85-0056	700	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V	<u></u>	<u></u>			
				_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming	3120		
	(gambling) winnings to prize winners?			<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	7	2.34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	r <b>ns?</b>		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)		18.4		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
	If "Yes," enter the name of the foreign country:					
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.		a di	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	i	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
0u	any contributions that were not tax deductible?			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		<b>J</b>	6b		
7	Organizations that may receive deductible contributions under section 170(c).	••••				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the pavor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
С	to file Form 8282?		lanoa	7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	10		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		
e				7f		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7g	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			79 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			- /11		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	i any in	me during the year r	8	-	1
9	Sponsoring organizations maintaining donor advised funds.			0-		
а	Did the organization make any taxable distributions under section 4966?			<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••		9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_10b		1		
11	Section 501(c)(12) organizations. Enter:	1	1			
а	Gross income from members or shareholders	<u>11a</u>		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		<u>12a</u>		+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-	
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>	1	1
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b	•			
	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		•••••	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O		14b		

Form <b>990</b>	(2011)
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NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Pag	1	NEW MEXICO	) CATTLE	GROWERS'	ASSOCIATION	85-0056700	Page 6
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Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI	
Check if Schedule O contains a response to any question in this Part VI	

X

Sec	tion A. Governing Body and Management					
		Ι.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	82			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				-	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	82			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				v	
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under th					37
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_	77	
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				37	
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				37	
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Heven	ue Code.)			
				40-	Yes	
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such			104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	┼──
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay be	tore ming the torm?	<u>11a</u>	<b>A</b>	
b				10-	x	
12a			onfliata0	12a 12b	X	
b				120	_ <u>A</u> _	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120	x	
	in Schedule O how this was done			13		x
13	Did the organization have a written whistleblower policy?				X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	- 23	
15	Did the process for determining compensation of the following persons include a review and appro		Independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official			15a	x	
	•				X	+
b	Other officers or key employees of the organization			100		+
40	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	omon	t with a			
10a	-			16a		x
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	it	s narticination	-104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b	1	
Sec	tion C. Disclosure		<u></u>		· · · · · · ·	
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MM					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	D-T (Se	ction 501(c)(3)s only	availa	ble	
10	for public inspection. Indicate how you made these available. Check all that apply.	,				
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	confli	ct of interest policy. a	nd fina	ncial	
	statements available to the public during the tax year.		21 -			
20	State the name, physical address, and telephone number of the person who possesses the books	and	ecords of the organiz	ation:		
	SHACEY SULLIVAN - 505-247-0584					
	2231 RIO GRANDE BLVD NW, ALBUQUERQUE, NM 87104					

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#### Form 990 (2011) NEW MEXICO CATTLE GROWERS 'ASSOCIATION 85-0056700 Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

### Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	( <b>B)</b> Average hours per week	(C) Position (do not check more th box, unless person is officer and a director/		than o s boti r/trus	one h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other		
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE ATTACHED LISTING	0.00							0.	0.	0.
				-						
		-								
		+								
		1			1				· · · · · · · · · · · · · · · · · · ·	
43	-	+			+	+	+			
					+	+	$\uparrow$			
		-		-						1
			1	<u> </u>					1	000

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Part	VII Section A. Of	ficers, Directors, Tru	istees, Key En	nplo	yee	s, aı	nd H	ligh	est	Compensated Employ	ees (continued)			
	(A) (B) (C) (D) (E)								(F)					
	Name and	title	Average		not ch	neck i		than o		Reportable	Reportable		timate	
		hours per box, unless person is both an officer and a director/trustee)         compensation         compensation           week         officer and a director/trustee)         from         from related										an	nount other	
			(describe	ctor						the	organizations	com	pensa	
			hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)		om th	
			related	stee o	rustee			pensa		(W-2/1099-MISC)		-	anizat	
			organizations in Schedule	ual tru	ional 1		playe	t com					d relat anizat	
			0)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Uigi	anzai	10113
	·····		· · · · · · · · · · · · · · · · · · ·	=	=	0	Ť.	1 0						
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					1									
1b Sub-total										0.				
	Total from continua									0.	0			0.
d	Total (add lines 1b a	ind 1c)		<u></u>		<u></u>	<u></u>			0.	0	•		0.
			not limited to t	nose	9 list	ed a	IDOV	'e) W	no r	received more than \$10	0,000 of reportable			0
	compensation from t	ne organization											Yes	
2	Did the organization	list any former office	r director or tr	ueta	o ki	av e	mnl	ovec	or	highest compensated e	emplovee on			
												3		x
4	For any individual list	ed on line 1a, is the s	sum of reportat	' ole c	omp	ens	atio	n an	d ot	her compensation from	the organization			
-	and related organizat	tions greater than \$1	50,000? If "Yes	," co	omp	lete	Sch	edu	le J	for such individual		. 4		X
5										ted organization or indiv		1214		
												5		X
Sect	ion B. Independent													
1										that received more than		nsation	from	
	the organization. Rep	port compensation fo	r the calendar	year	end	ing	with	orv	vithi	n the organization's tax	year.			
	(A) (B) Name and business address NONE Description of services (								Comp	(C) ensati	ion			
				IN	<u>ION</u>	<u> </u>								
		· ··_												
	Takal aroush are after t	nondont contractor	(includio - hut		limit	od +	0.+-	000	liete	d above) who received	more than			
2		pendent contractors		not		ou t	u u	059	1318					

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	990 (2	2011) NEW M	EXICO CA	TTLE GROW	ERS' ASSO	CIATION	85-0056	700 Page <b>9</b>
Par	t VIII	Statement of Reven			<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its i	1 a	Federated campaigns	1a					
Contributions, Gitts, Grants and Other Similar Amounts	b	Membership dues	1b	157,475.				
S E	с	Fundraising events	10		5 6 1 9 24			
ar		Related organizations						
s, E	е	Government grants (contributi	ons) 1e					
	f	All other contributions, gifts, grant	s, and	<u></u>				
		similar amounts not included abov	/e <b>1f</b>					
FO FD	g	Noncash contributions included in lines	1a-1f: \$					
3 6	h	Total. Add lines 1a-1f		<u> </u>	157,475.			
				Business Code				
e l	2 a	CONVENTIONS & M	EETINGS	900099	148,110.			
Ξø	b	LEGAL & ENVIRON	MENTAL	900099	25,011.			
Program Service Revenue	С	FEEDER PROGRAM		900099	2,999.			
lever	d	THEFT REWARD PR	OGRAM	900099	2,075.			
БЩ.	е	ALLIED INDUSTRI	ES	900099	400.	400.		
à	f	All other program service reve	nue			ļ		
	g	Total, Add lines 2a-2f			<u>178,595.</u>			
	3	Investment income (including			4 = 0	1.50		
		other similar amounts)			170.	170.		
	4	Income from investment of tax	x-exempt bond	proceeds		· · · · · · · · · · · · · · · · · · ·		
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents	10,411	•				letter i terre
		Less: rental expenses						
		Rental income or (loss)	10,411		10.111			10 411
		Net rental income or (loss)			10,411.			10,411.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory				lado-ta rod		
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····				
en	8 a	Gross income from fundraisin						
/eu		including \$						1.25
Other Revenue		contributions reported on line						
ler		Part IV, line 18						
Oth		Less: direct expenses		b				
	c							0.000
	9 a	Gross income from gaming a		_				
		Part IV, line 19		a b	1. 1. 2. 1. 1.			1
		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from gan</li> </ul>						
		Gross sales of inventory, less						
	10 a	and allowances			Bran Shee			
		Less: cost of goods sold		b				102
	1	Net income or (loss) from sale		-				
	<u>c</u>	Miscellaneous Revenu		Business Code				
	11 a	THEFT AND AND		561000	46,854		46,854.	
		ADMIN FEES		541800	8,972		8,972.	
		NT COULT A ANTIOUCO		900099	1,916			
	1	All other revenue						
		Total. Add lines 11a-11d			57,742			
	12	Total revenue. See instructions.			404,393		55,826.	10,411

### Form 990 (2011)

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# NEW MEXICO CATTLE GROWERS' ASSOCIATION

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to governments and				
	rganizations in the United States. See Part IV, line 21				
<b>2</b> G	arants and other assistance to individuals in				
th	ne United States. See Part IV, line 22				
<b>3</b> G	arants and other assistance to governments,				
	rganizations, and individuals outside the				
U	Inited States. See Part IV, lines 15 and 16				
4 B	Benefits paid to or for members				
	Compensation of current officers, directors,				
ti	rustees, and key employees				
6 C	compensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 0	Other salaries and wages	108,029.			
<b>8</b> P	Pension plan accruals and contributions (include				
S	ection 401(k) and section 403(b) employer contributions)				
9 (	Other employee benefits				
0 F	Payroll taxes	8,945.			
1 F	ees for services (non-employees):				
аN	Management				
bι	_egal	48,000.			
	Accounting	4,280.			
	_obbying				
e F	Professional fundraising services. See Part IV, line 17				
fl	nvestment management fees				
	Other				
	Advertising and promotion	10,265.			
	Office expenses	10,510.			
	nformation technology				
	Royalties				
	Occupancy				
	Travel	6,509.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	127,203.			
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	4,744.			
	Insurance				
24	Other expenses, Itemize expenses not covered				
i	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	the Minter			
	INSURANCE	23,044.			
	LEGISLATIVE	13,950.			
	AWARDS & SCHOLARSHIPS	11,040.	· ·		
	MEETING & MEMBERSHIP	8,004.			
	All other expenses SEE SCH O	60,803.			
		445,326.			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				1

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Form 990 (		_	NEW	M
Part X	Balance	Sheet		

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# MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Page 11

Par	[ ]	Balance Sneet			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			106,544.	1	112,060.
	2	Savings and temporary cash investments			354,872.	2	329,884.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			25,805.	4	6,111.
	5	Receivables from current and former officers, di					
1		employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as				167.0	
		4958(f)(1)), persons described in section 4958(c		1			
		employers and sponsoring organizations of sect					
w		employees' beneficiary organizations (see instru	ctions)			6	· · · · · · · · · · · · · · · · · · ·
Assets	7	Notes and loans receivable, net				7	
Asi	8	Inventories for sale or use				8	1 000
	9	Prepaid expenses and deferred charges			1,429.	9	1,029.
	10a					1.00	
		basis. Complete Part VI of Schedule D	10a	208,184.		(C20) E.	22.150
	b	Less: accumulated depreciation	·	175,032.	32,973.		33,152.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	(		13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			501 600	15	400 000
	16	Total assets. Add lines 1 through 15 (must equ			521,623.		482,236.
	17	Accounts payable and accrued expenses		2,603.	1	4,149.	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Payables to current and former officers, directo					
iat.	ļ	highest compensated employees, and disqualit					
-		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line				25	
		Schedule D Total liabilities, Add lines 17 through 25			2,603.		4,149.
	26	Organizations that follow SFAS 117, check h	oro 🕨	X and complete	2,005	20	
	1						
Ce	07	lines 27 through 29, and lines 33 and 34.			519,020.	27	478,087.
llan	27	Unrestricted net assets Temporarily restricted net assets			01970200	28	
Ba	28 29					29	
pun	23	Organizations that do not follow SFAS 117, o					and the second
Ē	1	complete lines 30 through 34.					
s S	20	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e				31	·····
ťĄŝ	32	Retained earnings, endowment, accumulated i				32	
Ne	33	Total net assets or fund balances			519,020		478,087.
	34	Total liabilities and net assets/fund balances			521,623		482,236.
							Form <b>990</b> (2011)

Form **990** (2011)

Form	990 (2011) NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-005	<u>6700</u>	Pag	е <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>4,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>5,3</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>33.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51	9,0	20.
5	Other changes in net assets or fund balances (explain in Schedule O)	_5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	47	8,0	<u>87.</u>
Pa	t XII Financial Statements and Reporting				<u> </u>
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		n T	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	_	1	
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1.00		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. <u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	. <u>3b</u>		
			Form	990	(2011)

132012 01-23-12

•/

# Schedule B

(Form	990,	990-EZ,
or 990	-PF)	

Ora

File

Forr

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

# 2011

Employer identification number

N	ame	of	the	organization	
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	NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700				
anization type (che	rck one):					
rs of:	Section:					
n 990 or 990-EZ	X 501(c)( 5) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	ation				

[		527	political	organization
---	--	-----	-----------	--------------

501(c)	3) exempt private foundation
--------	------------------------------

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%
of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

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# NEW MEXICO CATTLE GROWERS' ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	VARIOUS-ALL UNDER \$5,000 INDIVIDUALLY PO BOX 7517 ALBUQUERQUE, NM 871947517	\$0.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	VARIOUS DUES PO BOX 7517 ALBUQUERQUE, NM 871947517	\$ <u>157,475.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

anization

85-0056700

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

123453 01-23-12

# NEW MEXICO CATTLE GROWERS' ASSOCIATION

## Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		   \$	

Employer identification number

85-0056700

Schedule B	(Form 990, 990-EZ, or 990-PF) (2011)		Page 4			
Name of orga	nization		Employer identification number			
NEW ME	XICO CATTLE GROWERS' A	SSOCIATION	85-0056700			
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and th	idual contributions to section 501(c)(7), re following line entry. For organizations co	(8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter year. (Enter this information once) \$\$			
	the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additiona	., contributions of \$1,000 or less for the y al space is needed.	year. (Enter this information once ) 🕨 Ф			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(a) Transfer of sift				
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		·				
-		(e) Transfer of gift	L			
F	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			

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SCHEDULE C	Ро	litical Campaign a	nd Lobbying	g Activities	I	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Orga	nizations Exempt From Income	Tax Under section 5	01(c) and section 5	27	ZUII
Department of the Treasury Internal Revenue Service	Complete	if the organization is described See separat		Form 990 or Form	990-EZ.	Open to Public Inspection
If the organization ans	wered "Yes" to F	orm 990, Part IV, line 3, or Form		46 (Political Camp	aign Acti	vities), then
		plete Parts I-A and B. Do not com				
		1(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Pa	rt I-B.	
Section 527 organiz			000 EZ Dort VI line	. 47 (Lobbying Acti	vitice) th	<b>an</b>
		orm 990, Part IV, line 4, or Form ave filed Form 5768 (election und				
		ave NOT filed Form 5768 (election				
		form 990, Part IV, line 5 (Proxy T				
-		ons: Complete Part III.	••			
Name of organization						er identification number
	NEW MEX	CO CATTLE GROWER	S' ASSOCIAT	ION	-07	85-0056700
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c) (	or is a section :	bz/ orga	
				Dent N/		
		ation's direct and indirect political			<b>a</b>	
3 Volunteer hours				•••••••	····· <u> </u>	<u> </u>
Part I-B Compl	ete if the ora	anization is exempt unde	r section 501(c)(	3).		
		ncurred by the organization unde				
2 Enter the amount of	of any excise tax i	ncurred by organization manager	s under section 4955		▶\$	
3 If the organization	incurred a section	1 4955 tax, did it file Form 4720 fo	r this year?			Yes No
4a Was a correction n	nade?					Yes No
b If "Yes," describe i	n Part IV.				F04(-)	
		anization is exempt unde				
		l by the filing organization for sect			🏲 💲	
		zation's funds contributed to othe				
					► \$ _	
		. Add lines 1 and 2. Enter here an			<b>s</b>	
		1120-POL for this year?				Yes No
		nployer identification number (EIN				
made payments. F	or each organiza	tion listed, enter the amount paid	from the filing organiz	ation's funds. Also	enter the a	amount of political
contributions rece	ived that were pro	omptly and directly delivered to a	separate political orga	anization, such as a		
political action cor	m <b>m</b> ittee (PAC). If	additional space is needed, provid	le information in Part	IV.		
(a) Nam	IE	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organizati funds. If none, er		ontributions received and promptly and directly
						delivered to a separate
						political organization. If none, enter .0.
	I					
		· · · · · · · · · · · · · · · · · · ·				·
						· · · · · · · · · · · · · · · · · · ·
- <u>-</u>						
, <u> </u>						
<u> </u>			l			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2011

(é)

Schedule C (Form 990 or 990 EZ) 2011 NE	W MEXI	CO CATTLE GROWI	ERS' ASSOCIA 501(c)(3) and file	<u>ATION 85-(</u> ed Form 5768	056700 Page 2
(election under sectio					
		an affiliated group (and list in	Part IV each affiliated	aroup member's nar	ne. address. EIN.
expenses, and share o			Tart IV Subir annatou	group momon o nai	, aaarooo, 200,
•		ox A and "limited control" prov	visions apply.		
Limits c	on Lobbying	Expenditures amounts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influen					
b Total lobbying expenditures to influen	ice a legislat	ve body (direct lobbying)			
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter t	he amount f	om the following table in both	n columns.		
If the amount on line 1e, column (a) or (b	) is: <u> </u>	he lobbying nontaxable amo	ount is:		
Not over \$500,000	2	0% of the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00 \$	100,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$	175,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$	225,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$	1,000,000.			8 9 9 34
g Grassroots nontaxable amount (enter	25% of line	1f)			
h Subtract line 1g from line 1a. If zero o	or less, enter	-0			
i Subtract line 1f from line 1c. If zero of	r less, enter	0			
j If there is an amount other than zero	on either line	1h or line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year	ar?			<u></u>	Yes No
(Some organizati colui	ions that m	ear Averaging Period Under ade a section 501(h) election See the instructions for line	n do not have to comp	plete all of the five age 4.)	
		Expenditures During 4-Yea			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d</b> ) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					1
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	100				
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

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# Schedule C (Form 990 or 990 EZ) 2011 NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description (a			(b)		
	lobbying activity.	Yes	No	Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?Other activities?					
i	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Ч	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ction		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		<u> </u>	
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				X	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X	
	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	I "No" OI	R (b) Part	III-A, lin	e 3, is	
1					112101	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures)	icai				
	expenses for which the section 527(f) tax was paid).		2a	1:	3,950.	
	Current year				9,248.	
	Carryover from last year				3,198.	
C					5,150.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			2	3,198.	
	expenditure next year?				5,190.	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	i		
	rt IV Supplemental Information	ort II As and	Dort II D II		complete	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	an in A; and	i r*ai t 11•⊡, 111	10 T. AISO,	complete	
this	part for any additional information.					

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Department of the Treasury

Internal Revenue Service

A E 11 0040

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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

> The organization may have to use a copy of this return to satisfy state reporting requirements.

and a solution of

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AF	or the	2010 calendar year, or tax year beginning and	enaing					
B C	heck if plicable:	C Name of organization		D Employer identific	ation number			
	Address change	NEW MEXICO CATTLE GROWERS' ASSOCIATION	N					
	]Name ]change	Doing Business As		85-00	056700			
	]initial ]return		Room/suite	E Telephone number				
	Termin-	F.O. BOX 7517		505-247-0584				
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	393,768.			
	Applica tion pending			H(a) Is this a group re				
		F Name and address of principal officer: TROY SAUBLE	7104	for affiliates?				
			7104	H(b) Are all affiliates incl				
		mpt status: 501(c)(3)	or 527		list. (see instructions)			
		e: NMAGRICULTURE . ORG	L Voor	H(c) Group exemption	State of legal domicile: NM			
		Summary			State of legal dominible, 1411			
		Briefly describe the organization's mission or most significant activities: TO Pl	ROMOTT	ይ PROጥድርጥ י				
ce		INDUSTRY IN NEW MEXICO BY PROVIDING A UNIT						
Governance		Check this box						
Ver				3	82			
ů		Number of independent voting members of the governing body (Part VI, line 1b)		1	82			
S So		Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		·····  +	7			
Activities &		Fotal number of volunteers (estimate if necessary)		·····	0			
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			54,144.			
۲		Net unrelated business taxable income from Form 990-T, line 34		1 1	<13,439.2			
				Prior Year	Current Year			
e	8 (	Contributions and grants (Part VIII, line 1h)		161,692.	163,208.			
nua	9 F	Program service revenue (Part VIII, line 2g)		179,101.	164,961.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		666.	284.			
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,631.	65,315.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		418,090.	393,768.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		159,145.	165,655.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0	56,274.	0.			
ЦХД		Fotal fundraising expenses (Part IX, column (D), line 25)		272 727	200 402			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<u>272,727.</u> 488,146.				
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<70,056.	<u>446,147.</u> > <52,379.:			
28		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year			
Net Assets or Fund Balances	20 -	Fotal assets (Part X, line 16)		597,713.	521,623.			
Assi Bal	21	Fotal liabilities (Part X, line 26)		26,314.	2,603.			
Net	22 1	Net assets or fund balances. Subtract line 21 from line 20		571,399.	519,020.			
	art II	Signature Block		0/2/0991				
		ties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of m	y knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of w						
Sig	n	Signature of officer		Date				
Her		TROY SAUBLE, SECRETARY-TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's somature		Date Check	PTIN			
Paic		DAVID RASMUSSEN UMan		05/10/11 self-employ	ed			
Prep	barer	Firm's name DAVID A. RASMUSSEN, PC		Firm's EIN 🕨				

Use Only   F	irm's address P.O. BOX 10760			
	ALBUQUERQUE, NM 87184-0760	Phone no.	(505)8	78-0829
May the IRS	6 discuss this return with the preparer shown above? (see instructions)		X	res 🗌 No
032001 02-22-	11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Fo	orm <b>990</b> (2010

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Particular Service Accomplishments
Pal	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
	Check if Schedule O contains a response to any question in this Part III
1	TO PROMOTE & PROTECT THE CATTLE INDUSTRY IN NEW MEXICO BY PROVIDING A
	UNIFIED VOICE ON
	ISSUES OF ECONOMIC IMPORTANCE TO THR CATTLE INDUSTRY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$) (Revenue \$)
	ANNUAL & QUARTERLY TRADE ASSOCIATION MEETINGS ARE PROVIDED FOR
	MEMBERSHIP INPUT RELATED TO THE CATTLE INDUSTRY. BENEFITS ALL MEMBERS
4b	
<b>4</b> b	REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING
<b>4</b> b	REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING MEETINGS ATHE REGIONAL & NATIONAL LEVEL AS WELL AS STATE LEGISLATURE.
<b>4</b> b	REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING
<b>4</b> b	REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING MEETINGS ATHE REGIONAL & NATIONAL LEVEL AS WELL AS STATE LEGISLATURE.
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4c	REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING MEETINGS ATHE REGIONAL & NATIONAL LEVEL AS WELL AS STATE LEGISLATURE. BENEFITS ALL MEMBERS 
4b 4c	REPRESENTATION FOR MEMBERSHIP AT VARIOUS EDUCATIONAL AND PLANNING MEETINGS ATHE REGIONAL & NATIONAL LEVEL AS WELL AS STATE LEGISLATURE. BENEFITS ALL MEMBERS 

Form **990** (2010)

	990 (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056'	700	Pa	age <b>3</b>
Par	t IV Checklist of Required Schedules			
	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		1	1
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		1	†- <u>-</u> -
5	operate one or more hospitals must attach audited financial statements (see instructions)	20b	1	

Form 990 (2010)

Part IV         Checklist of Required Schedules (continued)         Yes         No           21         Did the organization report more than \$5,000 of prints and other assistance to governments and organizations in the United States on Part IX, countinn (A), line 37 H*s, "complete Schedule I, Parts I and III         22         X           22         Did the organization nerver "ver" to Part IX, listen A, line 3, 4, or 5 about compensation of the organization's current and former officer, directors, trustess, key employees, and highest compensated employees 11 H*ss," complete Schedule I, Parts I and III         22         X           24         Did the organization nerver "ver" to Part IX, listen A, line 3, 4, or 5 about compensated on formor than \$100,000 as of the list day of the year, flat was sitesed after December 31, 20027 H *vs, "answell mers 24 through 24 and complete Schedule K, H *No', go to line 25         24         X           25         Did the organization neares my proceeds of tax-exempt bonds busineding any time during the year T.         24d         X           26         Ub to organization neares my proceeds of tax-exempt bonds outstanding at any time during the year T.         24d         X           27         Z4d         Z4d         Z5a         22d         X           28         Section 501(c)(0) and 501(c)(4) organizations. Di the organization grapping the second with a disqualified person uning the year T.         24d         22a           24         Z4d         Z5a         Z5a         Z5a		990 (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056	700	Pa	age <b>4</b>
121         Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 71 // Yes,' complete Schedule I, Parts I and II.         21         X.           222         Did the organization report more than \$5,000 of grants and other assistance to invivuals in the United States on Part IX, column (A), line 71 // Yes,' complete Schedule I, Parts I and III.         22         X.           220         Did the organization near than \$5,000 of grants and other assistance to invivuals in the United States on Part IX, column (A), line 71 // Yes,' complete Schedule I, Parts I and III.         22         X.           230         Did the organization near than \$5,000 of grants and other assistance to invivuals in the United States on Part IX, column (A), line 71 // Yes,' complete Schedule A.         23         X.           240         Did the organization near tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, it due assignation end as an Youn behalf of Issuer for bonds outstanding at any time during the year?         24a         X           240         Did the organization neare an Youn behalf of Issuer for bonds outstanding at any time during the year?         24d         24a         X           243         Did the organization neare and Young the year?         24d         24a         X           244         Did the organization aware that 1 engaged in an excess been fit transaction with a disqualified person in a prior year, and that the transaction w	Par	t IV Checklist of Required Schedules (continued)			
United States on Part IX, column (A), line 17 // */es," complete Schedule I, Parts I and II.       21       X         20       Did the organization report nor than 55,000 of grants and other easistance to individuals in the United States on Part IX, column (A), line 27 // */es," complete Schedule I, Part I and III.       22       X         20       Did the organization answer 'Yes' to Part VI, Bection A, line 3, 4, or 5 about compensation of the organization success transmitted employees. If 'Yes,' complete Schedule I, 'Part,' Nes,' complete Schedule I, 'Part VI, 'Pes,' to onglete Schedule I, 'Part VI, 'Pes,' to onglete Schedule I, 'Part VI, 'Pes,' to onglete Schedule I, 'Part', 'Pes,' complete Schedule I, Part I       24a         24       Section SCH(S) and SCH(S) organization conscisuon in a prior yes, and that the transaction wate that engaged in a necesse benefit transaction with a disqualified person in a prior yes, and that the transaction on the organization provide a grant or other assistance to a motice, director, trustee, key employee, high's complete Schedule I, Part I'       25a         25       Did the organization provide a grant or other assistance to a motine, director, trustee, Key employee, codisqualified person outstan				Yes	No
column (Å), line 2 // 'Yes,' complete Schedule I, Parts I and II'.         22         X           23 Did the organization answer 'Yes' to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule I, 'I'No', or to line 25.         2a         X           24 Did the organization have a tax-exampt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule I, 'I'No', or to line a 5.         24b         24c           25 Did the organization invest any proceeds of tax-exempt bonds beyond a temportary period exception?         24b         24d           26 Did the organization analistian an secrow account other than a refunding secrow at any time during the year 0 defease any tax-seempt bonds?         24d         24d           27 Did the organization aware that the nagegd in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's norteen secres benefit transaction with a disqualified person in a prior year, and that the transaction committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part I         25b           27 Did the organization proved a grant or other assistance to an officer, director, trustee, expressiones 24 forms 990 or 990 cc? If 'Yes,' complete Schedule L, Part IV         25b           28 Mas to a organization proved a grant or other expression than an individual? If 'Yes,' compl	21		21		x
23       Did the organization answer "Yes" to Part VII. Section A, Ime 3. 4, or 6 about compensation of the organization scurent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L and tay of the year, that was usioue date: December 31, 2002? If "Yes," comparised and the year, that was usioue date: December 31, 2002? If "Yes," answer lines 24b Intrucip: 24d and complete Schedule K. If "No", go to line 25       24a       X         24b       Did the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was not proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         25b       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24d       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d       25d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization stup and 11 'Yes, 'complete Schedule L, Part 1       25a       25b         27a       Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the end of the organization's tax year! 1 'Yes, 'complete Schedule L, Part 1       25a         27a       Did the organization applicable Schedule L, Part 1       25b       25b         27b       Was the organization applicable schedule L, Part I       26a       <	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, furstens, kive employees, and highest compensated employees? If 'Yes,' complete     24       24a     Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete       24a     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a       24b     Did the organization anital an escrow account other than a refunding series wat any time during the year to defease any tax exempt bonds?     24d       24b     Section 50((s)) and 50((s) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization site in an excess benefit transaction with a disqualified person in a prior year, and that the transaction committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part I       25b     25b       27     X       28     A current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year, and that the transaction ontime a grant or to a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year, and that the dransaction ontime, a grant or to a summer officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year.       28     Was is to a to by a current or former officer, director, trustee, key employee (11' Yes, ' complete Schedule L, Part I/		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
and former officers, furstens, kive employees, and highest compensated employees? If 'Yes,' complete     24       24a     Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete       24a     Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a       24b     Did the organization anital an escrow account other than a refunding series wat any time during the year to defease any tax exempt bonds?     24d       24b     Section 50((s)) and 50((s) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization site in an excess benefit transaction with a disqualified person in a prior year, and that the transaction committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part I       25b     25b       27     X       28     A current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year, and that the transaction ontime a grant or to a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year, and that the dransaction ontime, a grant or to a summer officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year.       28     Was is to a to by a current or former officer, director, trustee, key employee (11' Yes, ' complete Schedule L, Part I/	23				
Schedule J       23       X         24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K. If 'No', go to line 25       X         24b Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds?       24b         25b Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds?       24c         25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization regape in an excess benefit transaction with a disqualified person on up the year?       24d         25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization regape in an excess benefit transaction with a disqualified person on up the year?       24d         26w as a loan to or by a current or former officer, director, trustee, key employee, highly companetated melloyee, or disqualified person on up to any or the end of the organization is any or the assistance to an officer, director, trustee, key employee, highly companetated melloyee, or disqualified person current or former officer, director, trustee, key employee, highly companetated mellow, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part I/       28a       X         27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part I//       28a       X         28 Was the organization care of the organization care or indirector, trustee, or key employee? II 'Yes,' complete Schedule L, Part I//					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25       24a       X         24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b       24b         24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24c       24c         25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization argue in an excess benefit transaction with a disqualified person during the year?       24d       25a         25b Is the organization maxer that the rangeotin an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900 cF2? If 'Yes,' complete Schedule L, Part I       25a         26b Was a baan to or by a current or former officer, director, truste, key employee, highly companizated methylew, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II       26       X         27b Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       26a       X         28b Araniby member of a current or former officer, director, truste, or key employee (or fainy member there0) was an officer, director, truste, or key employee (or fainy member there0) was an officer, director, truste, or key employee? If 'Yes,' complete Schedule L, Part IV       <			23		X
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete     24a     X       Schedule K. If "No", go to line 25     24b     24b       D Id the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?     24b       D Id the organization mixest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-sempt bonds?     24c       D Id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d       25a     Section 501(c)(3) and 501(c)(4) organizations. Did the organization angage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I     25b       27     Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II     25b       28     Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year, and that the transaction has not been reported on any of the organization execution committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II       29     Was the organization receive more that SC100 in non cash exceptions?     A       20     Id the organization a part	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3) and 501(c)(4) organization organization organge in an excess benefit transaction with a disqualified person outing the year? If "Yes," complete Schedule L, Part I       25a         25W as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization stay eyr? If "Yes," complete Schedule L, Part II       25b         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II       26a         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II       27a         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II       28a         29       Did the organization reave continuotions, and exceptions); a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, 11 "Yes," complete Sche		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3) and 501(c)(4) organization organization organge in an excess benefit transaction with a disqualified person outing the year? If "Yes," complete Schedule L, Part I       25a         25W as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization stay eyr? If "Yes," complete Schedule L, Part II       25b         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part II       26a         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II       27a         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II       28a         29       Did the organization reave continuotions, and exceptions); a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, 11 "Yes," complete Sche		Schedule K. If "No", go to line 25	24a		X
any tax-exempt bonds?     24c       d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?     24d       25a Section 50(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II "ks," complete Schedule L, Part I     25a       26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? II "ks," complete Schedule L, Part II     26       27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, usbatantial contributor, or a grant selection committee member, or to a person related to such an individual? II "ks," complete Schedule L, Part IV     27       28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):     27       29 Was the organization care are not former officer, director, trustee, or key employee? II "ks," complete Schedule L, Part IV is A family member of a current or former officer, director, trustee, or key employee? II "ks," complete Schedule L, Part IV     28a       29 Did the organization receive moret than \$25,000 in non-cash contributions? II "ks," complete Schedule M     29     22       30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? II "yes," complete Schedule M     30     22       31 Did	b		24b		
d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a       25a         25a       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outside a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part I       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV       28       X         28       Was the organization provement or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions of art, historical treasure	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?       24d         25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? III "Yes," complete Schedule L, Part I       25a         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II 'Yes," complete Schedule L, Part I       25b         26W as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person during the year? III 'Yes," complete Schedule L, Part II       26b         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? II "Yes," complete Schedule L, Part IV       28         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a         29       M current or former officer, director, trustee, or key employee (r a family member thereof) was an officer, director, trustee, or key employee (r a family member thereof) was an officer, director, trustee, or key employee? II 'Yes," complete Schedule L, Part IV       28a         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes," complete Schedule N, Part I		any tax-exempt bonds?	24c		
25a       Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I       25a         b Is the organization awares that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I       25b         Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization aware that it engages transaction with a individual? If 'Yes,' complete Schedule L, Part II       26       X         28       Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization receive more than 252,000 in no-cash contributions? II 'Yes,' complete Schedule L, Part IV       28b       X         29       Did the organization receive any than excerption the organization receive more than 250,000 in no-cash contributions? II 'Yes,' complete Schedule L, Part IV       29a       X         20       Did the organization receive more than 250,000 in no-cash contributions? II 'Y	d		24d		
disqualified person during the year? If "Yes," complete Schedule L, Part I       25a         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I       25b         26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "res," complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II       26       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part II       29       X         30 Did the organization receive contributions of art, historical treasures, or oty employee? If "Yes," complete Schedule M       29       X         31 Did the organization network the part I discove and cease operations? If "Yes," complete Schedule M, Part I       30       X         32		-			
b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 erg 00-E27 II 'Yes," complete Schedule L, Part II       25b         26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? II 'Yes," complete Schedule L, Part II       26       X         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, or key employee? II 'Yes," complete Schedule L, Part IV       28a       X         28       Was the organization review ormer of former officer, director, trustee, or key employee? II 'Yes," complete Schedule L, Part IV       28a       X         28       A current or former officer, director, trustee, or key employee? II 'Yes," complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes," complete Schedule L, Part IV       28c       X         20       Did the o			25a		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete       25b         26       Was alon to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II       26       X.         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III       27       X.         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X.         29       A current or former officer, director, trustee, or key employee (or family member thereof) was an officer, director, trustee, or key employee (or family member thereof) was an officer, director, trustee, or key employee (or family member thereof) was an officer, director, trustee, or leve, morplete Schedule L, Part IV       28a       X.         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29       X.         30       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M.       30       X.         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M.       31	b				
Schedule L, Part I       25b         26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes, "complete Schedule L, Part II       26       X         27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes," complete Schedule L, Part IV       27       X         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       28a       X         29 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       28a       X         29 Did the organization receive more officer, director, trustee, or key employee? If 'Yes," complete Schedule L, Part IV       28a       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M       29       X         20 Did the organization neevive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M       30       X         31 Did the organization neevive more than \$25,000 in non-cash contributions?       31       X         32 Did the organization neevive more than \$25,000 in non-cash contributions?       31       X         33 Did the organization neevive contributions of art, historical treasures, or qualified conservation c					
26       Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III       28       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         29       A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28b       X         29       Did the organization receive contributions, and exceptions):       a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I       30       X         31       Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets?/If 'Yes,' complete Schedule N, Part I       31			25b		
27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a       X         20       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$01.7701-3? If "Yes," complete Schedule R, Part I       33       X         33       Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete	26				
contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete       Z         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       Z8         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       Z8         28       Was the organization applicable filing thresholds, conditions, and exceptions):       a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       Z8a         28       A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       Z8b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization related to any tax exempt or taxable entity?       If "Yes," complete Schedule R, Part S II, III, IV, an		person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete       Z         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       Z8         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       Z8         28       Was the organization applicable filing thresholds, conditions, and exceptions):       a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       Z8a         28       A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       Z8b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization related to any tax exempt or taxable entity?       If "Yes," complete Schedule R, Part S II, III, IV, an	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
Schedule L, Part III       27       X         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28       X         29       X       In advantage of the following parties (see Schedule L, Part IV       28       X         20       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28       X         20       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         20       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization liquidate, terminate, or dissolve and cease operations?       If "Yes," complete Schedule M       30       X         31       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$10.17701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       31       X         32       Was the organization controlled on thy within the meaning of section \$12(b)(13)?       35       X         34       X       S is any related organization receive any payment from or engage in any transaction with a co					
<ul> <li>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>28b X</li> <li>c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>28b X</li> <li>c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>28b X</li> <li>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV</li> <li>28c X</li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M</li> <li>30 Did the organization liquidate, terminate, or dissolve and cease operations?</li> <li>If "Yes," complete Schedule N, Part I</li> <li>31 X</li> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I</li> <li>33 Did the organization neated to any tax-exempt or taxable entity?</li> <li>If "Yes," complete Schedule R, Part I</li> <li>33 X</li> <li>34 Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>35 Is any related organization. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>36 X</li> <li>37 Did the organization. Did the organization. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>36 Section 501(c)(3) organizations. Did the organization</li></ul>		-	27		X
instructions for applicable filing thresholds, conditions, and exceptions):       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization ilguidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete       32       X         33       Did the organization related to any tax-exempt or taxable entity?       34       X       33         34       Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35       X         35       Is any related organization. Enclude R, Part V, line 2       Yes X       No         36	28				
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a       X         b A family member of a current or former officer, director, trustee, or key employee (r a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect or wone? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete Schedule N, Part I       31       X         33       Did the organization and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, ine 2       33       X         34       Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, ine 2       36       X         35       Is any rela		-			1.0
b       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b       X         c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete       32       X         33       Did the organization receive any 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization receive any payment from or engage in any transaction 512(b)(13)?       35       X         35       Is any related organization acontrolled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36       36         36       Did the organizat	а		28a		Х
c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       31       X         32       Did the organization related to any tax-exempt or taxable entity?       31       X         33       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       33       X         34       X       Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)?       35       X         35       Is any related organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       37         36       Section 501(c			28b		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       32       X         34       Was the organization related to any tax-exempt or taxable entity?       34       X         35       Is any related organization a controlled entity within the meaning of section 512(b)(13)?       35       X         36       Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36         35       Is any related organization. Sold the organization conduct more than 5% of its activities through an entity that is not a related organization?		•			
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       31       X         33       Did the organization related to any tax-exempt or taxable entity?       33       X         34       Was the organization a controlled entity within the meaning of section 512(b)(13)?       35       X         34       Was the organization a controlled entity within the meaning of section 512(b)(13)?       35       X         35       Is any related organization a controlled entity within the meaning of section 512(b)(13)?       35       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       Yes X       No         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38			28c		X
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31       Did the organization liquidate, terminate, or dissolve and cease operations?       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/if "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       32       X         34       Was the organization related to any tax-exempt or taxable entity?       34       X         35       Is any related organization a controlled entity within the meaning of section 512(b)(13)?       35       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       Yes, " complete Schedule R, Part V, line 2       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, line S11 and 19?       37       X	30				
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If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity?       If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1       34       X         35       Is any related organization a controlled entity within the meaning of section 512(b)(13)?       35       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       If "Yes," complete Schedule R, Part V, line 2       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?       37       X	31				
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Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       33       X         34       Was the organization related to any tax-exempt or taxable entity?       34       X       34       X         35       Is any related organization a controlled entity within the meaning of section 512(b)(13)?       34       X         36       Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       If "Yes," complete Schedule R, Part V, line 2       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?       37       X	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
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section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       Yes X No         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?         If "Yes," complete Schedule R, Part V, line 2       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?       37       X					
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If "Yes," complete Schedule R, Part V, line 2       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?       37       X	36				
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI37X38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	2.	•	37		X
	38				
		Note. All Form 990 filers are required to complete Schedule O	38	X	

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Form Par	990 (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056 t V Statements Regarding Other IRS Filings and Tax Compliance	<u>700</u>	Pa	age <u>5</u>
	Check if Schedule O contains a response to any question in this Part V	. <u>.</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►	1.10		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1.62	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1.88	1.5	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d		- 10	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	233		
а	Gross income from members or shareholders11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
2	organization is licensed to issue qualified health plans			3-36
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		T

Form 990 (2010)
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	990 (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056 t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			age <b>6</b>
Fai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	NO R	spon	26
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 1a 82			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 82			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			la neg
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	<u></u>
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			TOC
	Does the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	X	ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	<b></b>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		-31	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b	<u> </u>	L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NM Section 6104 requires an exception to make its Forme 1022 (or 1024 if applicable), 800, and 800 T (501(a)/2)s only) available			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	; 101		
	public inspection. Indicate how you make these available. Check all that apply.           X         Own website         X         Another's website         X         Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	und fing	ancial	
13	statements available to the public.			
	•			

			•	
20	State the r	name, physical	address,	and telephone number of the person who possesses the books and records of the organization:
	TROY	SAUBLE -	- 505	-247-0584

2231 RIO GRANDE BLVD NW, ALBUQUERQUE, NM 87104

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# Form 990 (2010) NEW MEXICO CATTLE GROWERS ASSOCIATION 85-0056700 Page 7

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	<b>(B</b> )			(0	>)	-		(D)	(E)	<b>(F</b> )
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours per week		neck	all t	that	app	ly)	compensation from	compensation from related	amount of other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		ee	upens		(W-2/1099-MISC)		organization
	organizations	dual tu	tiona		hploy	st cor	5			and related
	in Schedule O)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
SEE ATTACHED LISTING								0.	0.	0.
										<u> </u>
									· · · · · · · · · · · · · · · · · · ·	
										······································
				$\vdash$		-				
	 				-		-			
									-	

									ASSOCIATION	85-0056	<u>700</u>	Pa	ge <b>8</b>
Par	(A)         (B)         (C)         (D)         (E)           Name and title         Average         Position         Reportable         Reportable           hours per         (check all that apply)         compensation         compensation					Esti	(F) mateo punt o						
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp from organ and	ther ensat m the nizatio relate nizatio	on d
											_		
	<i>i</i>	*											
										-			
									0.	0.			0.
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.				0.
2	Total number of individuals (including but in compensation from the organization							no re	eceived more than \$100	0,000 in reportable		Vaal	0
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for a								nighest compensated e		3	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15									-	4		x
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con								-		5		x
	tion B. Independent Contractors Complete this table for your five highest co	mponsated in	don	onde			raat		that received more than	\$100,000 of compose	ation fr		
1	the organization. NONE	Inpensated in	uep										
	(A) Name and busines:	s address							(B) Description of	services C	(C) Compen	) Isatior	1
2	Total number of independent contractors		not l	imite	ed to	o tho	ose li	steo	d above) who received i	nore than			
	\$100,000 in compensation from the organ						<u>v</u>						

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Form 990 (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION
Part VIII Statement of Revenue

85-0056700 Page 9

				( <b>A</b> ) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
uts Its		Federated campaigns 1a					
			161,223.				
am		Fundraising events 1c					
lar		Related organizations 1d	1 10 -			1.12	
un su su su su su su su su su su su su su		Government grants (contributions) 1e	1,495.	2 California 2		Sec. 1	
er :		All other contributions, gifts, grants, and	400	2.5.1. 19			
et l		similar amounts not included above 1f	490.				
contributions, gints, grants and other similar amounts	-	Noncash contributions included in lines 1a-1f: \$		163,208.			
<u> </u>	<u>n</u>	Total. Add lines 1a-1f	Business Code	103,200.			
		CONVENTIONS & MEETINGS	900099	137,115.	137,115.		
Program Service Revenue		LEGAL & ENVIRONMENTAL	900099	27,299.	27,299.		
		ALLIED INDUSTRIES	900099	1,018.	1,018.		
Svel		THEFT REWARD PROGRAM	900099	<471.		>	
5,00	e	THE LAND TROOLAR					
Ĕ		All other program service revenue					
		Total. Add lines 2a-2f		164,961.			
	3	Investment income (including dividends, intere					
		other similar amounts)	►	284.	284.		
	4	Income from investment of tax-exempt bond p	roceeds 🕨 📘				
	5	Royalties	<b>&gt;</b>				
		(i) Real	(ii) Personal				
	6 a	Gross Rents 10,482.				Color States	
	b	Less: rental expenses				1.5. 1.1.1.5.0	
		Rental income or (loss) 10,482.		10 400			10 100
		Net rental income or (loss)		10,482.			10,482
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	D	Less: cost or other basis					
	-	and sales expenses					
		Gain or (loss)					
		Gross income from fundraising events (not					it offers a
Other Revenue	0 4	including \$ of				친구가 이 영습	
SVEI		contributions reported on line 1c). See				1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
æ		Part IV, line 18a					
the	b	Less: direct expenses b					
°		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	🕨				
1	10 a	Gross sales of inventory, less returns					
		and allowances a					Sen Star
		Less: cost of goods sold b			012-20-01-12-20		
	c	Net income or (loss) from sales of inventory	I				
$\vdash$		Miscellaneous Revenue	Business Code	17 110		17 110	
1	11 a	INSURANCE CONSULT FEE	561000	47,410.		<u>47,410.</u> 6,734.	
	b	ADMIN FEES	541800 900099	<u>6,734</u> 689.		0,134.	
	C	MISCELLANEOUS		009.	009.		
	d	All other revenue Total. Add lines 11a-11d		54,833.			
	e	Total revenue. See instructions.		393,768.		54,144.	10,482

Form 990 (2010)

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1.

# NEW MEXICO CATTLE GROWERS' ASSOCIATION Form 990 (2010) NEW MEXICO CA Part IX Statement of Functional Expenses

			tions must complete a		ור
	All other organizations must comp ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
0	organizations in the U.S. See Part IV, line 21		· · · · · · · · · · · · · · · · · · ·		
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
0	trustees, and key employees				
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	152,568.			
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,087.			
11	Fees for services (non-employees):			2	
	Management				
b	Legal	57,612.			
c	Accounting	3,957.			
d	Lobbying				
	Professional fundraising services. See Part IV, line 17		Self Selfinstal 375		
f	Investment management fees				
g	Other				
12	Advertising and promotion	7,040.			-
13	Office expenses	11,122.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,272.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	84,920.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,837.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	INSURANCE	20,199.			
b	CONTRIBUTIONS	9,886.			
c	LEGISLATIVE	9,248.			
d	AWARDS & SCHOLARSHIPS	8,182.			
e	TELEPHONE	7,350.			
f	All other expenses SEE SCH O	47,867.			
25	Total functional expenses. Add lines 1 through 24f	446,147.			
26	Joint costs. Check here if following SOP				
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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					Beginning of year		End of year
	1	Cash - non-interest-bearing			98,236.	1	106,544.
	2	Savings and temporary cash investments			439,928.	2	354,872.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	21,168.	4	25,805.		
	5	Receivables from current and former officers, di					
	5	employees, and highest compensated employee					
		of Schedule L			and the second se	5	
	6	Receivables from other disqualified persons (as					
	0	4958(f)(1)), persons described in section 4958(c		1			
		employers and sponsoring organizations of sect		- 1			
		employees' beneficiary organizations (see instru				c	
2	_		-			6	
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use			1 702	8	1 400
	9	Prepaid expenses and deferred charges			1,783.	9	1,429.
	10a	Land, buildings, and equipment: cost or other		000 000			
		basis. Complete Part VI of Schedule D		203,262.	0.6 500	20020a.pt	20.052
	b	Less: accumulated depreciation		170,289.	36,598.	10c	32,973.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		F		12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	<u>al line 34</u>	)	597,713.	16	<u>521,623.</u>
	17	Accounts payable and accrued expenses			26,314.	17	2,603.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
s	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo		í			
lida		highest compensated employees, and disqualif					
Liŝ		of Schedule L	-			22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	2 <del>4</del> 25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			26,314.	26	2,603.
	20	Organizations that follow SFAS 117, check h			20,511	20	270001
		-				4. 9	
ces		lines 27 through 29, and lines 33 and 34.			571,399.	07	519,020.
lan	27	Unrestricted net assets		J/1,399.	1 1	519,020.	
Ва	28	Temporarily restricted net assets		28			
pu	29	Permanently restricted net assets		29			
ц.		Organizations that do not follow SFAS 117, c	heck he	re 🕨 🔄 and			
JO S		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated ir				32	E40.000
2	33	Total net assets or fund balances			571,399.		519,020.
	34	Total liabilities and net assets/fund balances	<u></u>		597,713.	34	521,623. Form <b>990</b> (2010)

85-0056700 Page 11

(B)

(A)

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Form	990 (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056	700	Paç	je <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · · · · · · · · · · · · · · · · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	39	<u>3,7</u>	68.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44	6,1	<u>47.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<5	2,3	79.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57	1,3	<u>99.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	51	9,0	20.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			227	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
b	Were the organization's financial statements audited by an independent accountant?		2b		_X
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	4.1		
	separate basis, consolidated basis, or both:			- 171	
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			L'a rea	000 /	2010

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# Schedule B

#### (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

# 2010

Name of the organization

Employer	identification	number
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NEW	MEXICO	CATTLE	GROWERS'	ASSOCIATION	85-0056700
1 1 1 1 1 1			ONUTIN		

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 5) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%
of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010
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Name of organization

Page 1 of 1 of Part I

Employer identification number

85-0056700

NEW MEXICO CATTLE GROWERS' ASSOCIATION

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VARIOUS-ALL UNDER \$5,000 INDIVIDUALLY PO BOX 7517 ALBUQUERQUE, NM 871947517	\$9,886.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

EW ME	EXICO CATTLE GROWERS' ASSOCIATION		85-0056700
Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

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Name of organization

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

05 0056700

Page

	m 990, 990-EZ, or 990-PF) (2010)		Page of o				
lame of orga	nization		Employer identification number				
	XICO CATTLE GROWERS' AS	SOCTATION	85-0056700				
Part III	Exclusively religious, charitable, etc., ind	ividual contributions to section columns (a) through (e) and the s, charitable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating e following line entry. For organizations completing s of				
(a) No. from Part I	(b) Purpose of gift (c) Use of gift						
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) i diposo di gitt						
-		(e) Transfer of gif					
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
	Transferee's name, address, and	<u>1 ZIP + 4</u>	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						

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SCHEDULE C	Po	litical Campaign a	and Lobbyir	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ) For Org		nizations Exempt From Income	2010		
Department of the Treasury Iternal Revenue Service  Complete if the organization is described below.  Attach to Form 990 or Form 990-EZ.  See separate instructions.					
•		Form 990, Part IV, line 3, or For		ne 46 (Political Campaign	Activities), then
		plete Parts I-A and B. Do not com	•		
		1(c)(3)) organizations: Complete I	Parts I-A and C below	. Do not complete Part I-B.	
<ul> <li>Section 527 organiza</li> </ul>		Part I-A only. Form 990, Part IV, line 4, or For	m 090 EZ Bart VI li	no 47 /L obbying Activition	thon
		ave filed Form 5768 (election und			
		ave NOT filed Form 5768 (election			
		Form 990, Part IV, line 5 (Proxy			
<ul> <li>Section 501(c)(4), (5),</li> </ul>		ions: Complete Part III.			
Name of organization				Emp	loyer identification numb
	NEW MEX	ICO CATTLE GROWEF	RS' ASSOCIA	TION	<u>85-0056700</u>
Part I-A Comple	te if the org	anization is exempt unde	er section 501(c)	or is a section 527 of	organization.
•	-	ation's direct and indirect politica			
3 Volunteer hours	•••••			•••••	
Part I-B Comple	to if the org	anization is exempt unde	r section 501(c)	(3)	
		incurred by the organization under			2
		incurred by organization manage			
		n 4955 tax, did it file Form 4720 f			
b If "Yes," describe in					
Part I-C Comple	te if the org	anization is exempt unde	er section 501(c)	, except section 501	(c)(3).
1 Enter the amount di	rectly expended	I by the filing organization for sec	tion 527 exempt func	tion activities	\$
		ization's funds contributed to oth			
exempt function act	tivities				\$
		. Add lines 1 and 2. Enter here ar			
		1120-POL for this year?			
made payments. Fo contributions receiv	er each organizated that were pro	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	from the filing organic separate political org	zation's funds. Also enter t janization, such as a separ	he amount of political
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter ·0·	(e) Amount of politic contributions received promptly and direct delivered to a separa political organization If none, enter -0
		L	<u> </u>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2010

## Schedule C (Form 990 or 990 EZ) 2010 NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check 🕨 📃 if the filing organizatio	-	-			
B Check 🕨 🔄 if the filing organizatio	n checked box A an	d "limited control" pro	visions apply.		1
Limits (The term "expendit	(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influe	nce public opinion (g	rass roots lobbying)			
b Total lobbying expenditures to influe	nce a legislative bod	y (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures				·	
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter	the amount from the	following table in bot	h columns.		
If the amount on line 1e, column (a) or (	b) is: The lobb	ying nontaxable am	ount is:		south the state of
Not over \$500,000	20% of t	he amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,00	plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,00	) plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	) plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			A Second Second
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0- 🛛				
i Subtract line 1f from line 1c. If zero c	r less, enter -0- 🛛				
j If there is an amount other than zero	on either line 1h or l	ine 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar?				Yes No
	ions that made a se		Section 501(h) n do not have to comp es 2a through 2f on pa		
		ditures During 4-Ye			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))		Normalia - A			
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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## Schedule C (Form 990 or 990 EZ) 2010 NEW MEXICO CATTLE GROWERS' ASSOCIATION 85-0056700 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(;	(a)		
		Yes	No	Amoun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b					
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
-	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c	)(5), or se	ection	
	501(c)(6).	•			
		,		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
2	Did the organization agree to carryover lobbying and political expenditures from the prior year?	••••••	3		X
	t III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c		ection	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				
	"Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
2	expenses for which the section 527(f) tax was paid).	ioui			
_	Current year		2a	9	248.
				<u> </u>	240.
	Carryover from last year			9	248.
	Total		······	<i>,</i>	240.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				Ο.
	expenditure next year?				
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
	rt IV Supplemental Information	10.100	11		• • •
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	, line 11. Als	o, complete th	nis part
for a	ny additional information.				

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SCHEDULE D
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Department of the Treasury Internal Revenue Service

### (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.



Name of the organization

	NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
_	impermissible private benefit?	
Par		, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	• •
	Protection of natural habitat	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	Hatd at the Find of the Tay Very
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	
3	vear	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	🕨 \$

1.00		ICO CATTLE								Page 2	
	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	are a sigi	nificant l	ise of its (	collection	items	
	(check all that apply):		<u> </u>								
а	Public exhibition	d			hange progra						
b	Scholarly research	e		other						<b>-</b>	
С	Preservation for future generations			<i>.</i>							
4	Provide a description of the organization's co							se in Part	XIV.		
5	During the year, did the organization solicit o								1		
	to be sold to raise funds rather than to be ma								Yes	<u>No</u>	
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" to Fe	orm 990	, Part IV, I	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								1		
	on Form 990, Part X?							L	Yes	└── No	
b	If "Yes," explain the arrangement in Part $\ensuremath{XIV}$	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						10				
d	Additions during the year				••••••		1d				
е	Distributions during the year						<u>1e</u>				
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	No No	
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete i	f the organization ar	swered '	'Yes" to Fo	rm 990, Part I	V, line 10					
		(a) Current year	(b) Pr	rior year	(c) Two years	s back (c	I) Three y	ears back	(e) Four	years back	
1a	Beginning of year balance								in the second		
b	Contributions							A state			
	Net investment earnings, gains, and losses						1. T. M. R.				
d	Grants or scholarships										
	Other expenditures for facilities					8					
	and programs										
f	Administrative expenses							ALC: N			
	End of year balance					5				<b>Guiden</b>	
2	<ul> <li>2 Provide the estimated percentage of the year end balance held as:</li> </ul>										
а	a Board designated or quasi-endowment %										
	Permanent endowment	%	_								
c	Term endowment	%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	und administe	red for the	e organiz	zation			
	by:	0					0		Γ	Yes No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organization										
4	Describe in Part XIV the intended uses of the										
	t VI Land, Buildings, and Equipn										
	Description of investment	(a) Cost or c			t or other	(c) Ac	cumulate	ed	(d) Book	value	
	Description of investment	basis (investi			(other)		eciation		(4) 200.		
10	Land				4,303.	510.11				4,303.	
	Buildings			11	9,466.		97,4	98		L,968.	
	Leasehold improvements						<u>, , ,                                </u>		<u>د</u>	-,	
	Equipment	1			79,493.		72,7	91		5,702.	
	Other		+ V only-				1411	<u> </u>		2,973.	
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Parl	L X, COIUN	и (в), іпе	IU(C).)				3,	4,7/3.	

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010         NEW MEXICO           Part VII         Investments - Other Securities.		S' ASSOCIATION	85-0056700 Page <b>3</b>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation: year market value
1) Financial derivatives			
2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		· · · · · · · · · · · · · · · · · · ·	
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		0	
Part VIII Investments - Program Related.	See Form 990, Part X, line 1		d of valuation:
(a) Description of investment type	(b) Book value		-year market value
(1)			-
(1) (2)			
(3)			
(4)	· · · · · · · · · · · · ·		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨			
Part IX Other Assets. See Form 990, Part X, li			
	a) Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)			
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
(7)	······································		
(8)			
(9)			
(10)	lino 15.)		
Total. (Column (b) must equal Form 990, Part X, col (b) Part X Other Liabilities. See Form 990, Part			
(a) Description of liability	7, 110 20.	(b) Amount	
(1) Federal income taxes	0		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) <u>Total. (Column (b) must equal Form 990, Part X, col (B)</u> FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnot FIN 48 (ASC 740).			

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	dule D (Form 990) 2010 NEW MEXICO CATTLE GROWERS ' 2 t XI Reconciliation of Change in Net Assets from Form 990 to A	ASSOCIATI	<u>ON</u> cial S	<u>85-0056700 Pa</u> tatements	age <b>4</b>
				tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			· · · · · · · · · · · · · · · · · · ·	<u> </u>
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities				
6	Investment expenses		6		
7	Prior period adjustments		7	·	
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			D.1	
Par	t XII Reconciliation of Revenue per Audited Financial Statemen		T		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments			1	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)				
с	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5			
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme				
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	1 1			
d	Other (Describe in Part XIV.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			4c	
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				
	t XIV Supplemental Information				

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



Name of the organization

NEW MEXICO CATTLE GROWERS' ASSOCIATION

Employer identification number 85 - 0056700

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC IMPORTANCE TO THE CATTLE INDUSTRY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONTRIBUTIONS & SCHOLARSHIPS AWARDED THROUGH THE VARIOUS SUBCOMMITTEES

OF THE ASSOCIATION & ASSOCIATED ACTIVITIES

FORM 990, PART VI, SECTION A, LINE 2: EMPLOYEE HAS DIRECT FAMILY MEMBERS

ON THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A MEMBER BASED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: BOARD MEMBERS ARE VOTED IN ON AN ANNUAL BASIS

FORM 990, PART VI, SECTION A, LINE 7B: MAJOR ISSUES ARE VOTED UPON AT THE REGULAR MEETINGS OF THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 AND 990T ARE REVIEWED BY THE BOARD AT THE FIRST AVAILABLE MEETING AFTER THE PREPARATION

OF THE 990

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REVIEWS CONFLICT OF INTEREST POLICIES WITH THE BOARD

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization	Page 2 Employer identification number
NEW MEXICO CATTLE GROWERS' ASSOCIATION	85-0056700
FORM 990, PART VI, SECTION B, LINE 15: SALARY INFORMATION	IS REVIEWED BY
THE BOARD ON AN ANNUAL BASIS FROM INFROMATION DEVIRED FRO	M WITHIN THE
INDUSTRY.	
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S ARE AVAILABLE
UPON A QUALIFIED REQUEST.	
FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONAL EXPENSE	:S :
MEETING & MEMBERSHIP:	
TOTAL EXPENSES	5,487.
EQUIPMENT RENTAL:	
TOTAL EXPENSES	4,906.
UTILITIES:	
TOTAL EXPENSES	4,786.
POSTAGE :	
TOTAL EXPENSES	4,714.
PRINTING:	
TOTAL EXPENSES	4,466.
CONTRACT LABOR:	
TOTAL EXPENSES	4,042.
ON LINE SERVICES:	
TOTAL EXPENSES	3,866

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization NEW MEXT CO. COMPUTE: CROWERS! A SCOCTOMICON	Employer identification number 85-0056700
NEW MEXICO CATTLE GROWERS' ASSOCIATION	05-0056700
ENTERTAINMENT:	
TOTAL EXPENSES	3,495
DUES & SUBSCRIPTIONS:	
TOTAL EXPENSES	3,307
PROPERTY TAXES:	
TOTAL EXPENSES	2,634
REPAIRS & MAINTENANCE:	
TOTAL EXPENSES	1,965
TAXES GROSS RECEIPTS:	
TOTAL EXPENSES	1,498
WOOL GROWERS, NMFLC & RESALE:	
TOTAL EXPENSES	1,215
AUTOMOTIVE:	
TOTAL EXPENSES	1,082
INCOME TAXES:	
TOTAL EXPENSES	404
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24F, COL	A 47,867

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Asset No.	Description	Date Acquired Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	1 TABLE 62-E-72	080175SL	10.001	16	272.			272.	245.		• 0
Ń		080175SL	10.00	16	103.			103.	.06		.0
m	RIO	020174L	.000		4,303.			4,303.			0.
4	BUILDING 2231 RIO 4GRANDE	020174SL	20.0016	16	21,000.			21,000.	21,000.		0.
С.	SELECTRICAL WORK	120674SL	10.00	16	485.			485.	485.		.0
9	6MEMBERSHIP SOFTWARE	SOFTWARE103098200DB5.00		16	1,640.			1,640.	1,640.		0.
7	72 END TABLES -A124	080175SL	10.00	16	74.			74.	70.		.0
00	15 CAPTAIN CHAIRS 82922	080175SI	10.0016	16	729.			729.	655.		0.
9	9 REFRIGERATOR	081275SL	10.001	16	279.			279.	250.		.0
10	1 ORANGE	081275SL	10.001	16	432.			432.	390.		.0
11	11BRONZE LOGOS	081275SI	10.001	16	250.			250.	225.		0.
12	12CABINETS	091875SL	10.001	16	1,539.			1,539.	1,385.		0.
13	1 3CABINETS	101075SL	10.00	16	930.			930.	840.		.0
14	14IBM SELECTRIC	083180SL	10.001	16	533.			533.	480.		.0
15	IBM MAG CARD 15TYPEWRITTER	123180SL	10.001	16	7,946.			7,946.	7,151.		.0
16	16FILE CABINET	073181SL	5.00	16	710.			710.	710.		0.
17	17FILE CABINET	073182PRE	5.00	16	741.			741.	741.		.0
18	18SHELVES	033184PRE	5.00	16	362.			362.	362.		0.

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028102 05-01-10

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Current Year Deduction	0.	0.	.0	.0	0.	.0	0.	0.	0.	0.	0.	.0	0.	0.	.0	0.	0.	0.
Current Sec 179								and the										
Accumulated Depreciation	591.	3,582.	564.	186.	177.	130.	368.	1,395.	1,336.	1,566.	278.	4,020.	2,445.	1,023.	227.	1,949.	2,855.	3,840.
Basis For Depreciation	591.	3,582.	564.	186.	177.	130.	368.	1,395.	1,336.	1,566.	278.	4,020.	2,445.	1,023.	227.	1,949.	2,855.	3,840.
Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	591.	3,582.	564.	186.	177.	130.	368.	1,395.	1,336.	1,566.	278.	4,020.	2,445.	1,023.	227.	1,949.	2,855.	3,840.
Nce	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17
Life	00.7	00.0	00.1	00.1	7.00	7.00	7.00	7.00	00.0	00.0	00.0	00.0	00.0	00.0	5.00	5.00	5.00	00.0
Method	100DB	100DB	190200DB7.0	591200DB7.0	191200DB7.0	O O DB	CODB	OODB7	2200DB5.0	3200DB5.0	193200DB5	593200DB5.0	0 0DB	OODB	CODB	CODB	CODB	0 0 DB
Date Acquired	100187200DB7.0	040590200DB5.0	0501902	0415912	0531912	113091200DB7.0	121091200DB7.0	080592200DB7.0	1223922	0722932	1031932	1115932	010195200DB5.0	083095200DB5.0	110196200DB5.0	030197200DB5.0	110197200DB5.0	071500200DB5.0
Description	FRA	COMPUTER & LASER 20PRINTER		MEMBERSHIP FILE 22CABINET	STORAGE CABINETS	240AK FILE CABINET		SPEED DIAL OMNIFAX 26CUTTER	27 COMPUTER	28LASERJET PRINTER	29DESK	3 OCOMPUTER EQUIPMENT	31POSTER DISPLAYS	3 2 SCANNER	33COLOR PRINTER	34EQUIPMENT	35pell COMPUTER	36COMPUTER. LAPTOP
Asset No.	19	20	21	22	232	24	25	26	27	28	29	30	31	32	33	34	35	36

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028102 05-01-10

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE

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0 0 0. 0. 2. 0 0 **.** 0 24. 224. 0 0 250. 0 0 0 0 Current Year Deduction Current Sec 179 576. 384. 333. 410 417 217 368 1,356 800 1,606 6,868 3,348 2,798 22,325 1,645 1,303 3,592 1,441 Accumulated Depreciation 224. 1,645. 410. 384 417 333 656 368 800 3,598 2,798 22,325 1,303 3,592 1,356 1,441 7,073 1,941 Basis For Depreciation 617. 800. \* Reduction In Basis Bus % Excl 410. 417. 3,592. 2,798. 384. 224. 1,356. 2,058. 1,600. 7,073. 598 1,941 368 333 656 22,325 1,645 1,303 Unadjusted Cost Or Basis ŝ No. 16 16 16 17 9 9 6 9 9 30.0016 30.0016 17 17 17 17 <del>H</del> H T 30.001 30.001 30.001  $\overline{}$ 30.001 5.00 5.00 6.00 5.00 083106200DB5.00 0711500200DB5.00 081500200B5.00 090600200DB5.00 033102200DB5.00 072303200DB5.00 093003200DB5.00 101505200DB5.00 Life Method 61504SL 010175SL 010176SL 061379SL 22179SL 21803SL 071504SL 091675SL 03317651 043080SL Date Acquired ىلا BUILDING ADDITION SANDIA SYSTEM لك 4 OLAPTOP COMPUTER 47LAPTOP COMPUTER 37FOLDING DISPLAY BLDG ADDITION DELL NOTEBOOK SDELL COMPUTER 54SCREEN DOORS 46TELEPHONE CC Description 38RICOH COPIER 48 IMPROVEMENT 42REPLACEMENT 49hrandscaping 51LANDSCAPING 5 3 LANDSCAPING 43FAX MACHINE 50IIMPROVEMENT 520FFICE WALL TELEPHONE 3 9 COMPUTER -41COMPUTER 44COPIER Asset No.

990

028102 05-01-10

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE

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0 0 .. 0. 0. 0. 0 0 0. 0. 0. 0 。 0 。 0 11 36 Current Year Deduction Current Sec 179 502. 577. 404. 776. 442 505 956 178 366 787 929 337 590 1,393 2,142 1,374 1,014 1,813 Accumulated Depreciation Ļ, 776. 929. 404. 1,593. 502. 458 505 178 366 577 787 337 1,421 1,813 961 1,393 2,142 1,014 Basis For Depreciation \* Reduction In Basis Bus % Excl 505. 1,014. 2,142. 787. 929. 404. 776. 458. 1,421. 178 366 502 577 337 1,813 1,593 961 1,393 Unadjusted Cost Or Basis No. 16 15.0016 15.0016 30.0016 30.0016 5.0016 9 9 9 9 9 9 5.0016 15.0016 5.001 5.001 5.001 5.001 5.001 5.001 5.001 5.001 5.001 5.001 5.00 Life Method 030187PRE 680FFICE IMPROVEMENTS040187PRE 040187PRE 040187PRE 05|01|87|PRE 100187PRE 103181PRE 113081PRE 53082PRE 070183PRE 080183PRE 090183PRE 110183PRE 013184PRE 0333184PRE 030187PRE 092980SL 091980<mark>SL</mark> Date Acquired REPAIRS 64MISC IMPROVEMENTS - INSIDE 61WALLS OUTSIDE 69burglar alarm 56SANDBLASTING 63WALLS INSIDE Description 590FFICE FLOOR 67METAL DOORS 7 OMINI BLINDS 71 SMOKE ALARM لا RESTUCCO & SBACK PORCH 6 OELECTRICAL 57/INSULATION 65PAINTING 72FIRE BOX 58PORCH 62WALLS 66SIGN ഹ Asset No.

990

028102 05-01-10

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

FORM 2010 DEPRECIATION AND AMORTIZATION REPORT

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990 PAGE

75. 0 0 0 249 256 386 423 383 643 584 331 308 226 349 277 0 0 Current Year Deduction Current Sec 179 1,000. 1,746. 193 180 113 218 2,643 2,361 1,839 3,566 2,655 4,773 6,018 1,963 1,102 Accumulated Depreciation 1,000. 9,703. 2,803. 2,562. 447 765 3,566 10,000 2,681 4,918 6,076 2,803 2,885 3,570 1,353 1,260 3,390 1,092 Basis For Depreciation 2,886. 1,202 1,202 \* Reduction In Basis Bus % Excl 1,092. 4,005. 765. 4,005. 6,076 1,260 447 3,570 2,562 3,390 3,566 4,918 1,000 9,703 10,000 1,353 2,681 5,771 Unadjusted Cost Or Basis **19B 19**A Po.N 17 15.0016 17 17 17 9 9 6 39.0017 39.0017 39.0017 5022000810.0017 1015022000310.0017 081904150DB15.0017 17 5.0017 <u>H</u> 15.001 15.001 5.00 05|12|93|150DB|5.00 020909200DB7.00 020909200DB7.00 110209200DB5.00 3.00 042308200DB5.00 122408200DB5.00 Life Method 041392PRE 051493PRE 060193PRE UNIT0608090FINU 052199SL 101500SL 05021051 050210SL 0429999SL Date Acquired 051 73NEW VENTING FOR AC MTN 840 380 (FRONT) PAVING - PARKING FURNITURE PARKING 80HVAC UNIT (BACK) STORAGE ( LONE DELL POWEREDGE & CHAIRS ALARM WORK REMODEL FRONT DELL LATITUDE 88DELL NOTEBOOK OPTIPLEX Description 892007 OFFICE 81HVAC UNIT 8 2LANDSCAPE 75DRAINAGE 77SECURITY NEW ROOF ι 7 9BUILDING 8 4NOTEBOOK PAVING 860FFICE 87MOBILE 8 3 SERVER 78CONTR) 8 5DESKS 90DELL 74LOT 76LOT Asset No.

990

028102 05-01-10

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

		L'UNI	000	- - - - - - - - - - - - - - - - 	о Н								
Asset No.	Description	Date Acquired	Method	Life	Pine No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction	
	* TOTAL 990 PAGE 10 DEPR				as Ca	203,261.		6,707.	196,554.	159,493.	0	4,837.	
					101								
100													
028102 05-01-10					Q	(D) - Asset disposed		* 170	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	/age, Bonus, Com	mercial Revital	ization Deduction	

2010 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

028102 05-01-10

Form	4562
Form	

### Depreciation and Amortization (Including Information on Listed Property) 990

Department of the Treasury Internal Revenue Service (99)	See separate instru	ictions.	Attach	to yo	ur tax re	turn.		Attachment Sequence No. 67
Name(s) shown on return			Busines	s or ac	tivity to whi	ch this form relates	5	Identifying number
NEW MEXICO CATTLE				-		AGE 10		85-0056700
Part I Election To Expense Certain	n Property Under Section 179	Note: If you have	ve any liste	ed pr	operty, c	omplete Part		
1 Maximum amount (see instruction	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1 1	500,000.
2 Total cost of section 179 proper	• •							
3 Threshold cost of section 179 p								2,000,000.
4 Reduction in limitation. Subtract								
5 Dollar limitation for tax year. Subtract line 4	4 from line 1. If zero or less, enter -( htion of property		Cost (busine			(c) Elected	···	
6 (a) Descrip						(0) = . 00 . 0 =		
								1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
7 Listed property. Enter the amou	Int from line 29				7			
8 Total elected cost of section 17								
9 Tentative deduction. Enter the s								
10 Carryover of disallowed deducti								
11 Business income limitation. Ent	er the smaller of business	income (not less	s than zero	o) or l	ine 5		11	
12 Section 179 expense deduction	. Add lines 9 and 10, but (	do not enter moi	re than lin	e 11	<u></u>		12	
13 Carryover of disallowed deduct	ion to 2011. Add lines 9 ar	nd 10, less line 1	2	🕨	13			
Note: Do not use Part II or Part III b	elow for listed property. In	stead, use Part	V					
	Allowance and Other De							· · · · · · · · · · · · · · · · · · ·
14 Special depreciation allowance	for qualified property (oth	er than listed pro	operty) pla	lced	in service	during		
								<u> </u>
15 Property subject to section 168								202
16 Other depreciation (including A							16	323.
Part III MACRS Depreciation	(Do not include listed pro	Sectio						
	-local in possion in tax you		-				17	4,362.
<ul><li>17 MACRS deductions for assets</li><li>18 If you are electing to group any assets pla</li></ul>							ij <b>– "</b>	4,502.
	Assets Placed in Service						ation Svst	em
, <u></u> _	(b) Month and	(c) Basis for depr	eciation		Recovery			
(a) Classification of property	year placed in service	(business/investr only - see instru		<b>,</b> -	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			447.	3	YRS.	HY	SL	75.
b 5-year property			765.	5	YRS.	HY	SL	77.
c 7-year property								
d 10-year property								
e 15-year property		-						
f 20-year property								
g 25-year property					25 yrs.		S/L	
h Residential rental property	/				7.5 yrs.	MM	S/L	
	/			2	7.5 yrs.	MM	S/L	
i Nonresidential real propert	v <u>/</u>				39 yrs.	MM	S/L	
				Ļ		MM	S/L	
	Assets Placed in Service	During 2010 Ta	x Year Us	sing '	the Alter	native Depree	1	rstem
20a Class life							S/L	
b 12-year					12 yrs.		S/L	
c 40-year Part IV Summary (See instruct	/				40 yrs.	MM	S/L	
							21	
<ul><li>21 Listed property. Enter amount</li><li>22 Total. Add amounts from line 1</li></ul>		es 19 and 20 in (				•••••		1
Enter here and on the appropri						r.	22	4,837.
23 For assets shown above and p								2,007.
portion of the basis attributable	-				23			
016251								E (0040)

18251 12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0172 2010

	m 4562 (2010) art V Listed Propert		MEXICO										0056 1 ent, reci			
	amusement.) Note: For any t															
	through (c) of S	Section A, all	of Section B,	and Sec	tion C if	applic	cable.			· ·				<i>b</i> , coluin		
_		Depreciatio						······	1							
<u>24a</u>	Do you have evidence to s	1 1		ent use cla	imed?		Yes		24b lf "\	/es," is t		nce writt	en?	Yes	<u>No</u>	
	(a)	(b) Date	(c) Business/	,	(d)	l e		e) epreciatio	(f)		(g)	•	h)	) Elec	i) ted	
	Type of property (list vehicles first )	placed in	investmen		Cost or her basis		business/	nvestmen only)			ethod/ vention		ciation uction	sectio	1 <b>.17</b> 9	
		service	use percenta							<u> </u>				CO	st	
25	Special depreciation allo	•		• • •	•			-			0.5					
	used more than 50% in Property used more that										25					
20	Property used more ma			%												
				%												
				%					-	-						
27	Property used 50% or lo								1	<u> </u>		L				
6-1	Troperty used boys of a	: :		%						S/L ·						
				%						S/L·						
	······································			%						S/L·						
28	Add amounts in column	· · · · · · · · · · · · · · · · · · ·		•• ]	and or	i line 2	21. pag	ə 1	1		28					
	Add amounts in column		-										29			
				Section E								-				
lf yo	mplete this section for ve ou provided vehicles to y se vehicles.												ng this s	ection fo	r	
30	O Total business/investment miles driven during the				a) nicle	,	(b) Vehicle		(c) Vehicle V				e) nicle	•	(f) Vehicle	
	year (do not include com		•													
31	Total commuting miles															
	Total other personal (no															
	driven															
33	Total miles driven durin															
	Add lines 30 through 32															
34	Was the vehicle availab			Yes	No	Ye	s N	0 Y	es No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?	10														
35	Was the vehicle used p															
	than 5% owner or relat	ed person?														
36	Is another vehicle availa	able for perso	onal													
	use?															
			- Questions		-											
	swer these questions to	determine if	you meet an	exceptior	n to com	pletin	ig Secti	on B for	vehicles u	sed by	employee	s who a	re not m	ore than	5%	
	ners or related persons.														1	
37	Do you maintain a writte													Yes	No	
	employees?											•••••		·		
38	Do you maintain a writt															
~~	employees? See the ins			•												
	Do you treat all use of v Do you provide more th											•••••	•••••	·		
40	the use of the vehicles,		-					-								
44	Do you meet the requir														<u> </u>	
41	Note: If your answer to													·		
Ρ	art VI Amortization	07,00,00,4	0, 01 41 10 1	00, 00 11	01 00/110	1010 0	0000011	o for an	0010100	01110100						
	(a)			(b)		(0	c)		(d)		(e)			(f)		
	Description of	of costs	Da	te amortization begins		Amor	tizable ount		Code section		Amortiz period or pe		A	nortization or this year		
42	Amortization of costs th	hat begins du	iring your 20		ar:							•				
_																
43	Amortization of costs th	hat began be	fore your 20 <sup>-</sup>	0 tax yea	ar							43				
	Total. Add amounts in											44				

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Descriment of the Treasury Intern Revenue Service       (and proxy tax under section 6033(e))       Description 000000000000000000000000000000000000
A       Check box if address changed address changed B       Name of organization { Check box if name changed and see instructions.) address changed B       Demotyper identification number bartections.)         B       Exempt under section Type       Pint Pint B       NEW MEXICO CATTLE GROWERS' ASSOCIATION Type       Demotyper identification number bartections.)         C80(a)       220(b)       Number, street, and room or suite no. If a P.0. box, see instructions.       Europer identification number bartections.)         A08(a)       220(c)       Chy or town, state, and ZIP code ALBUQUERQUE, NM 87194-7517       524114         C Book value of all assets f Soup exemption number (see instructions.)       Image: Source instructions.)       Europer identifications primary unrelated business activity.       ADMINISTRATIVE FEES         During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       Ves X       No         I'rtse, relift the name and identifying number of the parent corporation.       Yes X       No         I'rtse, relift the name and identifying number of the parent corporation.       Image: Source in the soure in the soure in the soure in the source in the sourc
S01()()       Of d046(e)       220(e)       P.O. BOX 7517       Eventses activity codes (See instructions.)         CB ook value of all asset at end of year       F Group exemption number (See instructions.)       524114         C Book value of all asset at end of year       F Group exemption number (See instructions.)       524114         B ook value of all asset at end of year       F Group exemption number (See instructions.)       501(c) trust       401(a) trust         H Describe the organization's primary unrelated business activity.       > ADMINISTRATIVE FEES         I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       > (Yes)       X No         If Yes, enter the name and identifying number of the parent corporation.       >       >       > 505-247-0584         Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross profil. Subtract line 2 from line 1c       3       54,144.       54,144.          2 Cost of goods sold (Schedule A, line 7)       2            3 Gross profil. Subtract line 2 from line 1c       3       54,144.            4 Capital gain net income (Schedule D)       4a
□       0.01 (A)       Type
□ 40(6)       □ 20(7)       □ 40(7)
Image: Seq(a)       ALBUQUERQUE, NM 87194-7517       524114         C Book value of all asset       F Group exemption number (See instructions.)       Image: Seq(a)       G Check organization type       S 051(c) corporation       501(c) trust       401(a) trust       Other trust         S 221, 623.       G Check organization type       Image: Seq(a)       S 051(c) trust       401(a) trust       Other trust         S 221, 623.       Image: Seq(a)       Image: Seq(a)       S 051(c) trust       401(a) trust       Other trust         S 221, 623.       Image: Seq(a)       Image: Seq(a)       S 051(c) trust       401(a) trust       Other trust         S 221, 623.       Image: Seq(a)       Image: Seq(a)       Image: Seq(a)       S 051(c) trust       401(a) trust       Other trust         S 221, 623.       Image: Seq(a)       Image: Seq(a) </td
C Book value of all assets at end of year       F Group exemption number (See instructions.)         S C heck organization type ▶
at end of year       6 Check organization type ▶ X 501(c) corporation       501(c) trust       401(a) trust       Other trust         521,623.       • ADMINISTRATIVE FEES         I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       ▶ Yes X No         If "Yes," enter the name and identifying number of the parent corporation. ▶       Yes (A) No         J The books are in care of ▶ TROY SAUBLE       Telephone number ▶ 505-247-0584         Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross recipts or sales       54,144.       1c       54,144.       54,144.         2 Cost of goods sold (Schedule A, line 7)       2       2       2       2         3 Gross profit. Subtract line 2 from line 1c       3 54,144.       54,144.       54,144.         4a Capital gian net income (attach Schedule D)       4a       4a       4a         b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)       4b       5       6         c Anit loss deduction for trusts       4c       2       2       2         f Cost of goods sold (Schedule C)       6       6       6       6         n Interest, annuities, royalties, and rents from controlled organizations (Sch.F).       8       9 <t< td=""></t<>
521, 623.       Solid Structure       Solid
H Describe the organization's primary unrelated business activity.       ▶ ADMINISTRATIVE FEES         I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       ▶ I Yes X No         If "Yes," enter the name and identifying number of the parent corporation.       ▶       Yes X No         If "Yes," enter the name and identifying number of the parent corporation.       >       Telephone number > 505-247-0584         Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross receipts or sales
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?           Yes X No           If "Yes," enter the name and identifying number of the parent corporation.          Telephone number > 505-247-0584          J The books are in care of > TROY SAUBLE       Telephone number > 505-247-0584          Part I       Unrelated Trade or Business Income        (A) Income       (B) Expenses       (C) Net          1a Gross receipts or sales       54,144.              (b) Expenses        (C) Net          2 Cost of goods sold (Schedule A, line 7)          (c) Balance           1c         54,144           54,144          3 Gross profit. Subtract line 2 from line 1c           (c) Balance           1c         54,144           54,144          4a Capital gain net income (attach Schedule D)           4a           (c) Aet           (c) Aet          b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)           4b           (c) Aet           (c) Aet          6 Rent income (Schedule C)           (a) Interest, annuities, royalties, and rents from controlled organizations (Sch. F).           8           (Schedule G)           (a) Interest
J The books are in care of ▶ TROY SAUBLE       Telephone number ▶ 505-247-0584         Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross receipts or sales       54,144.       •
J The books are in care of ▶ TROY SAUBLE       Telephone number ▶ 505-247-0584         Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Gross receipts or sales       54,144.       •
1a Gross receipts or sales       54,144.         b Less returns and allowances
b Less returns and allowances   c Balance     2 Cost of goods sold (Schedule A, line 7)   3 Gross profit. Subtract line 2 from line 1c   4 Capital gain net income (attach Schedule D)   4 4a   4 Capital gain net income (attach Schedule D)   4 4a   4 4a      5 Income (loss) from partnerships and S corporations (attach statement)   6 6   7 Unrelated debt-financed income (Schedule E)   8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F).   9 Investment income of a section 501(c)(7), (9), or (17) organization   (Schedule G) 9   10 Exploited exempt activity income (Schedule I)   11 11   12 Other income (See instructions; attach schedule.)   13 54, 144.   54, 144.
2       Cost of goods sold (Schedule A, line 7)       2         3       Gross profit. Subtract line 2 from line 1c       3       54,144.         4a       State 1       54,144.       54,144.         4a       4a       4a       4a         b       Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)       4b       4c         c       Capital loss deduction for trusts       4c       6         5       Income (loss) from partnerships and S corporations (attach statement)       5       6         6       7       Unrelated debt-financed income (Schedule E)       7       6         7       Unrelated debt-financed income (Schedule E)       7       7       6         8       Interest, annuities, royalties, and rents from controlled organizations (Sch. F).       8       8       6         9       Investment income of a section 501(c)(7), (9), or (17) organization       9       9       6         10       Exploited exempt activity income (Schedule I)       10       11       10         11       Advertising income (Schedule I)       11       12       144       54,144         12       Income (Schedule I)       11       11       11       11       11         12       Income (Sc
3       Gross profit. Subtract line 2 from line 1c       3       54,144.       54,144.         4a       4a       4a       4a       4a         b       Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)       4b       4a       4a         c       Capital loss deduction for trusts       4c       4c       4c       4c         5       Income (loss) from partnerships and S corporations (attach statement)       5       5       5         6       7       Unrelated debt-financed income (Schedule E)       7       6       6       6         7       Unrelated debt-financed income (Schedule E)       7       7       6
4a Capital gain net income (attach Schedule D)       4a         b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)       4b         c Capital loss deduction for trusts       4c         5 Income (loss) from partnerships and S corporations (attach statement)       5         6 Rent income (Schedule C)       6         7 Unrelated debt-financed income (Schedule E)       7         8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F).       8         9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9         10 Exploited exempt activity income (Schedule I)       10         11 Advertising income (See instructions; attach schedule.)       12         13 Total. Combine lines 3 through 12       13 54, 144.         Fart II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)
b       Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)       4b         c       Capital loss deduction for trusts       4c         5       Income (loss) from partnerships and S corporations (attach statement)       5         6       Rent income (Schedule C)       6         7       Unrelated debt-financed income (Schedule E)       7         8       Interest, annuities, royalties, and rents from controlled organizations (Sch. F)       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9         10       Exploited exempt activity income (Schedule I)       10         11       Advertising income (Schedule J)       11         12       Other income (See instructions; attach schedule.)       12         13       54 , 144 .       54 , 144 .         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)       (Except for contributions, deductions must be directly connected with the unrelated business income.)
c Capital loss deduction for trusts       4c       4c         5 Income (loss) from partnerships and S corporations (attach statement)       5       5         6 Rent income (Schedule C)       6       6         7 Unrelated debt-financed income (Schedule E)       7       6         8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F).       8       8         9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9       9         10 Exploited exempt activity income (Schedule I)       10       11         11 Advertising income (See instructions; attach schedule.)       12       11         12 Other income (See instructions; attach schedule.)       13       54, 144.       54, 144.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14
5       Income (loss) from partnerships and S corporations (attach statement)       5         6       6       6         7       Unrelated debt-financed income (Schedule E)       7         8       Interest, annuities, royalties, and rents from controlled organizations (Sch. F)       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9         10       Exploited exempt activity income (Schedule I)       10         11       Advertising income (Schedule J)       11         12       11       12         13       54 , 144 .       54 , 144 .         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)
6       Rent income (Schedule C)       6       7         7       Unrelated debt-financed income (Schedule E)       7       7         8       Interest, annuities, royalties, and rents from controlled organizations (Sch. F).       8       7         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9       9         10       10       10       10         11       Advertising income (Schedule J)       11       11         12       Other income (See instructions; attach schedule.)       12       13         13       Total. Combine lines 3 through 12       13       54, 144.       54, 144.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)
7       Unrelated debt-financed income (Schedule E)       7         8       Interest, annuities, royalties, and rents from controlled organizations (Sch. F)       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9         10       Exploited exempt activity income (Schedule I)       10         11       Advertising income (Schedule J)       11         12       Other income (See instructions; attach schedule.)       12         13       Total. Combine lines 3 through 12       13         14       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)
8       Interest, annuities, royalties, and rents from controlled organizations (Sch. F)       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9         10       Exploited exempt activity income (Schedule I)       10         11       Advertising income (Schedule J)       11         12       Other income (See instructions; attach schedule.)       12         13       Total. Combine lines 3 through 12       13         14       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)       54, 144.         (Except for contributions, deductions must be directly connected with the unrelated business income.)
9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9         10       Exploited exempt activity income (Schedule I)       10         11       Advertising income (Schedule J)       11         12       Other income (See instructions; attach schedule.)       12         13       Total. Combine lines 3 through 12       13         14       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)
(Schedule G)       9         10       Exploited exempt activity income (Schedule I)         11       Advertising income (Schedule J)         11       Advertising income (See instructions; attach schedule.)         12       Other income (See instructions; attach schedule.)         13       Total. Combine lines 3 through 12         13       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)
10       Exploited exempt activity income (Schedule I)       10       10         11       Advertising income (Schedule J)       11       11         12       Other income (See instructions; attach schedule.)       12       12         13       Total. Combine lines 3 through 12       13       54,144.       54,144.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)
11       Advertising income (Schedule J)       11         12       Other income (See instructions; attach schedule.)       12         13       Total. Combine lines 3 through 12       13         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       54, 144.
12       12         13       Total. Combine lines 3 through 12         13       Total. Combine lines 3 through 12         14       13         15       Total. Combine lines 3 through 12         16       13         17       13         18       54,144.         19       54,144.         19       10         10       10         11       10         12       10         13       10         14       10         15       10         16       10         17       10         18       10         19       10         19       10         10       10         11       10         12       10         13       10         14       10         15       10         16       10         17       10         18       10         19       10         10       10         10       10         10       10         10       10 <t< td=""></t<>
Part II         Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)           (Except for contributions, deductions must be directly connected with the unrelated business income.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)
14 Compensation of officers, directors, and trustees (Schedule K)
15         Salaries and wages           15         32,969.
16 Repairs and maintenance 16 346.
17 Bad debts 17
18 Interest (attach schedule)
19         Taxes and licenses           19         1,893.
20 Charitable contributions (See instructions for limitation rules.)
21Depreciation (attach Form 4562)21725.22Less depreciation claimed on Schedule A and elsewhere on return22a22b725.
23     Depletion     23       24     Contributions to deferred compensation plans     24
25     Employee benefit programs       25
26     Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J) 27
28 Other deductions (attach schedule) SEE STATEMENT 1 28 31,650
29         Total deductions. Add lines 14 through 28         29         67,583
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 <13,439
31 Net operating loss deduction (limited to the amount on line 30) 31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller
of zero or line 32 34 <13,439

Form 990-1		CATTLE	GROWERS '	ASSOCIATIO	N	85-005	6700	P	Page 2
Part I									
35	Organizations Taxable as Corporati								
	Controlled group members (sections								
a	Enter your share of the \$50,000, \$2				er):	ł			
	(1) \$								
b	Enter organization's share of: (1) Ac								
	(2) Additional 3% tax (not more tha	n \$100,000)		\$					~
C	Income tax on the amount on line 34	4				►	35c		0.
36	Trusts Taxable at Trust Rates. See								
	Tax rate schedule or						36		
37	Proxy tax. See instructions						37		
38	Alternative minimum tax						38		
39	Total. Add lines 37 and 38 to line 35	5c or 36, whic	hever applies		<u></u>		39		0.
Part I									
40 a	Foreign tax credit (corporations atta	ch Form 1118	3; trusts attach Forn	1 <b>1116)</b>	40a				
	Other credits (see instructions)								
	General business credit. Attach Forn								
d	Credit for prior year minimum tax (a	ttach Form 88	801 or 8827)		40d				
е	Total credits. Add lines 40a through	h 40d					40e		
41	Subtract line 40e from line 39	<u></u>	<u>.</u>	<u></u>	<u></u>		41		0.
42	Other taxes. Check if from: E	rm 4255 📃	Form 8611	Form 8697 🛄 Form 8	866 📖	Other (attach schedule)	42		
43	Total tax. Add lines 41 and 42						43		0.
44 a	Payments: A 2009 overpayment cre	edited to 2010	)		44a	1,383.			
b	2010 estimated tax payments				44b				
	Tax deposited with Form 8868								
	Foreign organizations: Tax paid or w								
	Backup withholding (see instruction				1				
	Credit for small employer health ins								
			Form 2439						
	Form 4136		Other	Total 🕨	44g		1.251		
45	Total payments. Add lines 44a thro	uah 44a					45	1,38	83.
46	Estimated tax penalty (see instruction	ons). Check if	Form 2220 is attac	hed 🕨 🛄			46		
47	Tax due. If line 45 is less than the to						47		
48	Overpayment. If line 45 is larger that						48	1,3	83.
49	Enter the amount of line 48 you war				,383		49		0.
Part		ng Certai	n Activities a	nd Other Informat	tion (see	instructions)			
1 Ata	any time during the 2010 calendar ye	ar, did the org	panization have an in	nterest in or a signature or	other auth	ority over a financial ac	count	Yes	No
	nk, securities, or other) in a foreign c								
									Х
2 Dur	ancial Accounts. If YES, enter the nar ing the tax year, did the organization receive ES, see instructions for other forms the orga	e a distribution f	rom, or was it the grant	or of, or transferor to, a foreign	trust?				Х
	er the amount of tax-exempt interest								
	ule A - Cost of Goods S				A				
1 Inv	entory at beginning of year	1		6 Inventory at end of y	/ear		6		
	rchases	2		7 Cost of goods sold.					
	st of labor	3		-		Part I, line 2	7		
	ditional section 263A costs	4a		8 Do the rules of secti		,	·	Yes	No
	er costs (attach schedule)	4b		property produced of	,				
	al. Add lines 1 through 4b	5		the organization?	•				х
	Under penalties of perjury, I declare th	hat I have exami	ned this return, includir	ng accompanying schedules an	d statement	s, and to the best of my kno		f, it is true,	
Sign correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here				SECRET	'ARY-'		e preparer showr		W+01
	Signature of officer		Date	Title			structions)?	] Yes 🗌	No
	Print/Type preparer's name		Preparer's sign	ature	Date	Check	if PTIN		
D-1-1			INh			self- employed			
Paid	UNIS KASM	ussa	UNE	in o	5/10		P003	01171	
Prep		A. RA	SMUSSEN,	PC		Firm's EIN 🕨		40709	
Use		BOX							
				7184-0760		Phone no.	(505)8	78-08	29

Form 990-T (2010) NEW ME Schedule C - Rent Inco	XTCO ( ome (Fro	CATTLE om Real F	GROI Proper	VERS y and	ASSOC	<u>TATT(</u> Propert	)N ty Leas	sed \	85-005 With Real Pro	5671 oper	0.0 Page ( <b>ty)</b> (see instructions)	
1. Description of property												
(1)												
(1)												
(2)												
(3)												
(4)	2.	Rent received		4								
								- 3	(a) Deductions direct	ly conn	ected with the income in	
(a) From personal property ( rent for personal property 10% but not more th	y is more than		(0) fr of	rent for pe	d personal property rsonal property exc is based on profit of	ceeds 50% (	or if		columns 2(a)	and 2(b	) (attach schedule)	
(1)												
(2)												
(3)		1										
(4)												
Total		0.	Total				0					
c) Total income. Add totals of co	Jumps 2(a)		ar						Total deductions.			
here and on page 1, Part I, line 6, Schedule E - Unrelated	column (A)		🕨	. (			0	Ente Parl	r here and on page 1, I, line 6, column (B)		0	
Schedule E - Unrelated		Inanceu	Incom	e (see II	nstructions)							
					2. Gross inc	ome from		3.	Deductions directly co to debt-fina	onnecte nced pr	ed with or allocable operty	
4	8	J # .			or allocable	to debt-	(1	a) Strai	ght line depreciation		(b) Other deductions	
1. Description o	if debt-finance	d property			financed p	property			itach schedule)		(attach schedule)	
(1)												
(2)							_					
(3)												
(4)												
<ol> <li>Amount of average acquisitio debt on or allocable to debt-financ property (attach schedule)</li> </ol>		debt-finan	adjusted ba ocable to ced propert schedule)		6. Column 4 by colum			rep	<ol> <li>Gross income reportable (column 2 x column θ)</li> </ol>		<ol> <li>Allocable deductions</li> <li>(column 6 x total of columns 3(a) and 3(b))</li> </ol>	
(1)						a	/6					
							/0					
(2)							/0					
(3)												
(4)							%					
									here and on page 1, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).	
Totais										0.	0	
Total dividends-received deduc	tions includ	<u>ed in column</u>	8								0	
Schedule F - Interest,	Annuitie	s, Royalt	ies, an	· ·	ts From Controlled O			aniz	ations (see in	struct	tions)	
1. Name of controlled organiza	ition	2.		Exomp	3.		4.		5. Part of column 4	that is	6. Deductions directly	
		Employer ider numb			related income see instructions)		of specifie nents made		included in the contr organization's gross i	olling	connected with income in column 5	
(1)						<u> </u>						
(1)		1										
(2)												
(3)												
(4)									l			
Nonexempt Controlled Organ	izations											
7. Taxable Income		inrelated income see instructions)		9. To	tal of specified pay made	ments	10. Part in the	controlli	nn 9 that is included ng organization's i income	11.	Deductions directly connected with income in column 10	
/4\				1								
(1)												
(2)												
(3)												
(4)												
								ere and	nns 5 and 10. on page 1, Part I, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).	
											~	
Totals						🕨			0.		0	

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#### Form 990-T (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION

85-0056700

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	<ol> <li>Deductions directly connected (attach schedule)</li> </ol>	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	• 0.			0.

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totais 🕒	0.	0.	Met /Au Lang			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
otals (carry to Part II, line (5))	▶ 0.	0.	,			0

 

 Totals (carry to Part II, line (5))
 0
 0
 0

 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

 columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	<b>6.</b> P	Readership costs	<ol> <li>Excess readership costs (column 6 minu column 5, but not mos than column 4).</li> </ol>	IS
(1)										
(2)										
(3)										
(4)										
(5) Totals from Part I	0.		0.							0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.	ļ	0.							Ο.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	d Trustees (see ir	nstructio	ns)				
1. Name				2. Title		3. Percent time devoted business	d to		ensation attributable related business	
(1)							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Part II, I	ine 14					-				0.

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
			-
DESCRIPTION		AMOUNT	

MEETING & MEMBERSHIP	13,561.
OFFICE EXPENSE	3,176.
RENT EQUIPMENT	736.
ENTERTAINMENT	524.
INSURANCE	3,151.
ADVERTISING	3,520.
PROFESSIONAL FEES	594.
DUES & SUBSCRIPTIONS	496.
TELEPHONE & UTILITIES	1,820.
TRAVEL & AUTOMOTIVE	1,403.
ON LINE SERVICES	1,186.
CONTRIBUTIONS	1,483.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	31,650.

# 2010 CIT-1 NEW MEXICO CORPORATE INCOME AND

NE	010 CIT-1 EW MEXICO CORPORATE INCOME AND RANCHISE TAX RETURN
1	xpayer's name
1	IEW MEXICO CATTLE GROWERS ASSOC
1	iling address
	PO     BOX     7517     Monopole       y, state and ZIP code     Amended - RAR
1	LBUQUERQUE NM 87194-7517 Amended - Capital Loss
	1039     01     1     New Mexico Public       Federal Employer Identification No. (Required)     New Mexico CRS Identification No.     Regulation Commission No.
	85-0056700 01-504360-001 0311811
	Tax Year Beginning Tax Year Ending Extended Due Date
	01 10 12 10 (505) 247-0584
	m m / y y m m / y y m m / d d / c c y y Taxpayer telephone number
	DMPLETE THE FOLLOWING:
Α.	State of incorporation <u>NEW MEXICO</u> Date of incorporation <u>01/01/1964</u>
Β.	Date business began in New Mexico 01 / 01 / 1964 State of commercial domicile <u>NEW MEXICO</u>
C.	Name and address of registered agent in New Mexico CAREN COWAN
	2231 RIO GRANDE NW ALBUQUERQUE NM 87104
	mailing address city state ZIP code
D.	NAICS code (Required) 6300 Principal business activity in New Mexico CATTLE GROWERS ASSOC
E.	Method used to determine New Mexico taxable income of the corporation:
	separate corporate entity Combination of unitary domestic corporations
F.	Indicate method of accounting:
-	
G.	If this is the corporation's final return, was the corporation:           dissolved         merged or reorganized         withdrawn         date
н	L dissolved L merged or reorganized L withdrawn date Has this corporation's federal income tax liability changed for any year due to an IRS audit or the filing of an amended federal return that has not
	been reported to New Mexico?
	and a copy of the amended federal return or the Revenue Agent's Report, if applicable, to the New Mexico Taxation and Revenue Department.
١.	If this return is a consolidated or combined return, complete the following information for each corporation in the consolidated or combined
	group. The total of Column 3 must equal line 19 of CIT-1, page 2, and the total of Column 4 must equal line 15 of CIT-1, page 2. If additional space is required, attach a schedule in the same format.
	(1) (2) (3) (4)
	Corporate Name Federal Employer Amount of quarterly, tentative Enter \$50 for each corporation Identification Number or other payments to be applied paying Franchise Tax
	to this return
	50_
J.	FOR COMBINED FILERS ONLY: 50 Is this combination the same as filed last year? YES NO If no, please list each corporation added to or eliminated from the
	combined group. Include each corporation's Federal Employer Identification Number. Attach a schedule if more space is needed.
К.	If other than a corporation, enter your legal entity type (for example: LLC or partnership):
L	Check this box if federal Form(s) 8886, Reportable Transaction Disclosure Statement, is required to be attached.
E	REFUND EXPRESS HAVE YOUR REFUND DIRECTLY DEPOSITED. SEE INSTRUCTIONS AND FILL IN 1, 2, 3 AND 4. 4. REQUIRED: WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE
1	Routing number: 3. Type: Checking Savings THE UNITED STATES? If yes, you may not use this
	2. Account number:
	YES NO You must answer this question.

# 2010 CIT-1 PAGE 2

1



Γ

Federal Employer Identification Number (FEIN)

85-0056700			
1. Taxable income before federal NOL & sp	pecial deductions (From federal Form 1120)	1	-13,439
	xclude New Mexico bonds)		
• • •	al Form 1120)		
	nd 2 and subtract line 3)		-13,439
5. New Mexico NOL carryover (Attach sche	edule)		
	ns or federally taxed New Mexico bonds		
_	d 6 from line 4)		-13,439
8. Deduction for foreign dividends (From C	IT-D, line 5)		
•	ct line 8 from line 7)		-13,439
	ount on line 9 (See tax table on page 4 of instructions) .		0/
	R percentage from line 5 of CIT-C.)		%
	e 10 by the percentage on line 11		
13. Total non-refundable credits (From CIT-0	CR, line 17)		
14. Net income tax (Subtract line 13 from lin	ne 12; if negative, enter zero)	14	
15. Franchise tax (\$50 per corporation)		15	50
16. Total income and franchise tax (Add line	es 14 and 15)		50
17. Amended Returns Only: (Enter amoun	nt of all 2010 refunds received or overpayments applied	to 2011.	
See instructions for line 19.)		17	
18. Subtotal (Add lines 16 and 17)			50
19 Total Payments: O quarterly C exte	ension 🔲 applied from prior year		
Mark this box if using method 4 to calcul	late penalty and interest on underpayment of estimated	tax;	ttt
	ch all annual statements of withholding)		
	il and gas proceeds (Attach Forms 1099, RPD-41285 c		
	ned		
	tax credit claimed (Attach RPD-41227)		
	s (Add lines 19 through 23)		
25 Overnavment: (If line 24 is greater than	line 18, enter the difference. This is your refund.)	25	
	blied to 2011 liability (Not more than line 25)		
	Inded (Subtract line 25a from line 25)		
26 Tax due: (If line 18 is greater than line 2	24, subtract line 24 from line 18)	26	50
			50
27. Penalty (See CIT-1 Instructions)			
28. Interest (See CIT-1 Instructions)			
29. Total amount due (Add lines 26, 27 and	28)		50
Taxpayer's signature	Paid preparers use o	nly;	
I declare that I have examined this return, including accomp to the best of my knowledge and belief, it is true, correct (other than taxpayer or an employee of the taxpayer) is ba	and complete. Declaration of preparer used on all information of which preparer	n	04/27/2011 Date
has any knowledge.	Signature of preparer if offer that faith and the signature of preparer if offer that faith and the signature of the signatur	n number <u>02-2201</u>	
Signature of officer			000
	Date         FEIN         85-0407           (505)         247-0584         SSN or PTIN         POC		
Tille	Contact phone number		
Taxpayer's E-mail address	Preparer's phone nun	nber <u>(505) 878-08</u>	329

A       ☐ the bick box i       Denote box i       Denot	Depar	990-T tment of the Treasury al Revenue Service		OMB No. 1545-0687 2010 Uppen to Public Inspection for 01(c)(3) Organizations Only							
S011 X       1       10 <sup>1</sup> [MinRer, steat, and room or suite on 19 0.0.05, see instructions.       Evented bases of the comparison of	A			D Employ (Emplo	ver identification number yees' trust, see						
apple	BE	xempt under section	ON	85-0056700							
□ 00(0)       □ 200(0)       □ P. O. BOX 7517       524114         ○ Box value of all assets       F Orus esting and 20 pode ALBUQUERQUE, NM 87194-7517       524114         ○ Box value of all assets       F Orus esting and 20 pode ALBUQUERQUE, NM 87194-7517       524114         ○ Box value of all assets       F Orus esting and 20 pode ALBUQUERQUE, NM 87194-7517       524114         ○ Box value of values       F Orus esting and structures.       >         10 bring the tax year, was the corporation and structures.       >       >         11 breacted the and end dentifying number of the parent corporation.       >       >       >         11 th obosts art in care of be corporation as abs/data y in an affiated grade or a parent-subs/data y controlled group?       >       >       >         11 th obosts art in care of be structures or parent-subs/data y controlled group?       >       >       >       >         12 the obost art in care of be structures or parent-subs/data y controlled group?       > <t< td=""><td></td><td></td><td>E Unrelat (See in</td><td>led business activity codes structions.)</td></t<>			E Unrelat (See in	led business activity codes structions.)							
Image: Non-space of the set of the		408(e) $220(e)$ $9.0.$ BOX 7517									
0       Bott value of all assets [						-					
at end of year <u>S121,623.</u> Check organization type ▶ X 501(c) corporation S01(c) trust 001(c) t			F 0			.7		524:	L14		
521, 623.	U Bo	ok value of all assets	·		-						
H Describe the organization's primary unrelated business activity. ▶ ADMINISTRATIVE FEES           1 During the tax year, was the corporation is abdidity in an affiliated group or a parent-busidary controlled group?         ▶ > > > > > > > > > > > > > > > > > >		-	G Uneci	k organization type	n 🗋	] 501(c) trust	[] 401(a) trust	L	] Other trust		
Unite tax year, was the corporation a subsidiary on an affiliated group or a parent-subsidiary controlled group?         ▶ □ Yes         ▼ No           If "Yes' setter the mane and identifying number of the parent corporation. ▶         The books are in cars of .▶ TROY_SAUBLE         Telephone number ▶ 505-247-0584           If a flows receipt or sales         54,144.         ▶         (A) lecome         (B) Expenses         (C) Net           1 a flows receipt or sales         54,144.         ▶         1 <t< td=""><td>H De</td><td></td><td>n's nrim</td><td>ary unrelated business activity <b>ADMINIS</b></td><td>יע כוחי</td><td>סקקק קעדי</td><td></td><td></td><td></td></t<>	H De		n's nrim	ary unrelated business activity <b>ADMINIS</b>	יע כוחי	סקקק קעדי					
II*rest, einter the name and Verter PCV SAUELE       Telephone number ▶ 505-247-0584         Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a       Gross procipes or sales       54,144.       54,144.       (C) Net         1a       Gross procipes or sales       54,144.       2       2         2       Cost of poods sold (Schedule A, line 7)       4       4       54,144.       54,144.         2       Cost of poods sold (Schedule A, line 7)       4a       4a       54,144.       54,144.         4       Capital pain et income (attach Schedule D)       4a       4a       54,144.       54,144.         5       Cost of poods sold (Schedule D)       4a       54,144.       54,144.       54,144.         4       Capital bas of comportations (attach statement)       5       5       5       5         6       Form Array (Schedule C)       6       6       7       7       7         9       Interest, annulities, royatties, and rents from controlled organizations (Sch. P).       8       11       11       12       12       13       54,144.       54,144.       54,144.         11       Advertising income (Schedule J)       10       11       14								Vac	XNO		
IThe books are incare of ▶ TROY_SAUBLE         Telephone number ▶ 505-247-0584           Part I         Unrelated Trade or Business Income         (A) Income         (B) Expense         (C) Net           a Gross recepts or sales         54,144.             (B) Expenses         (C) Net           a Gross recepts or sales         54,144.             (C) Net            a Gross recepts or sales         54,144. <t< td=""><td></td><td></td><td></td><td></td><td></td><td>ary controlled group:</td><td>······</td><td></td><td></td></t<>						ary controlled group:	······				
Part II         Unrelated Trade or Business Income         (A) Income         (B) Expenses         (C) Net           1a         Gross receipts or sales         54,144.         2						Telepho	one number 🕨 5	05-2	247-0584		
b         Less returns and allowances         c         Balance         Lo         54,144.           2         Cost of goods sold (Schedule A, line 7)         3         54,144.         54,144.           4         Capital gain net income (attach Schedule D)         4a         54,144.         54,144.           4         Capital gain net income (attach Schedule D)         4a         54,144.         54,144.           5         Capital loss deduction for trusts         4c         5         54,144.         54,144.           5         Income (loss) form partnerships and S corporations (attach statement)         5         5         5         5           6         Rent income (Schedule C)         6         6         5         5         5           9         Intrests, annulies, royalles, and rents from controlled organization (Schedule C)         9         5         5         10           10         11         10         11         10         11         11         12           10         11         11         12         13         54,144.         54,144.         54,144.           11         10         11         10         11         10         11         11         11         11         11	Pa	rt I Unrelate	d Tra	de or Business Income							
2         Cost of goods and (Schedule A, Ine 7)         2         3         3         54,144.         54,144.           3         Gross profit. Subtract line 2 from line 10         4         3         54,144.         54,144.           4         Capital gain net income (attach Schedule D)         4a         4a         4a         4a           4         Capital Box Eduction for trusts         4a         4a         4a         4a           5         Income (loss) from partnerships and S corporations (attach statement)         5         5         5           6         entineome (Schedule C)         7         2         7         7           8         Interest, annuities, royallies, and rents from controlled organizations (Sch. F).         8         9         9         10           10         Exploited exempt activity income (Schedule I)         11         11         11         11           11         Advertising income (Schedule I)         11         11         12         14         54,144.           12         14	1 a	Gross receipts or sale	es	54,144.							
3       Gross profit. Subtrat line 2 from line 1c       3       54,144.       54,144.         4a       4a       4a       4a         4b       Capital gain net income (attach Schedule D)       4a       4a         4b       4a       4a       4a         4c       54,144.       54,144.         5       4a       55         6       7       7         6       7       7         7       5       7         7       7       7         6       7       7         7       7       7         8       7       7         9       100       7         9       100       10         10       10       10         11       10       10         12       11       12         13       54,144.       54,144.         9       13       54,144.         9       10       11         14       12       12         15       32,969.       14       32,969.         16       34,6.       14       32,969.         17       14	b				1c	54,144.					
4a       Capital gain net income (attach Schedule D)       4a         b       Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797)       4b         c       Capital loss) (Form 4797, Part III, line 17) (attach Form 4797)       4b         c       Capital loss deduction for trusts       6         7       6	2	Cost of goods sold (S	Schedule	e A, line 7)	2						
b       Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)       40       40         c       Capital loss deduction for trusts       A       40       40         d       d       40       40       40       40         d       d       d       d       40	-	Gross profit. Subtrac	t line 2 fi	rom line 1c	3	54,144.			54,144.		
e Capital loss deduction for trusts       4e       5         5 Income (loss) from partnerships and S corporations (attach statement)       5       5         6 Ren income (Schedule C)       6									<u> </u>		
5       Income (loss) from partnerships and S corporations (attach statement)       5       6         6       Rent income (loss) from partnerships and rents from controlled organizations (Sch. F).       7       8         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6)       9       9         10       Exploited exempt activity income (Schedule 1)       10       9         11       Advertising income (Schedule 4)       11       11         12       Other income (Sein structions, attach statewell)       12       13         13       Total, Combine lines 3 through 12       13       54, 144, 4       54, 144, 4         Part III       Deductions Nubt E deficitly connected with the unrelated business income.)       14       32, 969, 15         14       Compensation of officers, directors, and trustees (Schedule K)       14       14       346, 17         15       Salaries and maintenance       16       32, 969, 16       346, 17         17       Interset (attach schedule)       19       1, 893, 20       20         16       Bad ebts       17       1       346, 346, 346, 346, 346, 346, 346, 346,	-				<u> </u>						
6       Rent income (Schedule C)       6       7         7       Unrelated debt-financed income (Schedule E)       7       8         9       Interest, and trust from controlled organizations (Sch. F)       8       9         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9       9         10       Exploited exempt activity income (Schedule I)       10       11       11         11       11       11       11       11       11         12       13       54,144.       54,144.       54,144.         Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       32,969.         14       Compensation of officers, directors, and trustees (Schedule K)       14       346.       346.         17       Interest (atchs schedule)       18       19       1,893.         19       Taxes and licenses       19       1,893.         20       Contributions (See instructions for limitation rules.)       20       22         21       725.       22       725.         23       Depreciation clained on Schedule A and elsewhere on return       22       22       725. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>											
7       Unrelated debt-financed income (Schedule E)       7       7         8       Interest, anuilies, royalties, and rents from controlled organizations (Sch. F).       8       8         9       Investment income of a section 501(c)(7), (9), or (17) organization       9       9         10       Exploited exempt activity income (Schedule I)       10       11       11         11       11       11       11       11       11         12       0ther income (See instructions; attach schedule.)       11       12       12       12         13       Total. Combine lines 3 through 12       13       54, 144.       54, 144.       54, 144.         Part III       Deductions Not Taken Elsewhere (See instructions on deductions).       14       53       32, 969.         14       Sataries and maintenance       16       346c.       17         15       32, 969.       19       1, 893.       20         16       addebts       17       18       18       14       20         17       Bad debts       19       1, 893.       20       725.       20         10       Depreciation (attach form 4562)       21       725.       22       725.       22       725.       22					<u> </u>				<u></u>		
8       Interest, annuilles, royalliss, and rents from controlled organizations (Sch. F)       8       9         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G).       9       9         10       Exploited exempt activity income (Schedule 1).       10       10         11       Advertising income (Schedule 2).       11       11         12       Other income (See instructions; attach schedule.)       12       13       54,144         12       Ital.       14       54,144       54,144         13       54,144       54,144       54,144         14       Ital.       15       32,969         15       Salaries and wages       16       346         16       346       17       14         17       Interest (atach schedule)       18       19       1,893         20       Constrable contributions (See instructions for limitation rules.)       20       20       20         21       725.       22       725       22       22       22       22       23         22       Charitable contributions (See instructions for limitation rules.)       26       26       27       22       22       22       22       25 </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-										
9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9         10       Exploited exempt activity income (Schedule I)       10         11       10       11         12       11       12         13       Total, Combine lines 3 through 12       11         14       Deductions Not Taken Elsewhere (See instructions) (Except for contributions, deductions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)         16       Sataries and wages       16       32,969.         17       18       14       13       34,969.         18       34,969.       16       346.       17         19       1,893.       20       20       20         21       725.       20       20       20         22       Depreciation (attach Form 4562)       21       725.       22         23       Charthable contributions (beinstructions for limitation rules.)       26       27       26         23       Charthable contributions to deferred compensation plans       25       22       22       22       23         24       26       27       28       67,583.       30       <13,650.	-				<u> </u>						
(Schedule G)       9         10       Exploited exempt activity income (Schedule I)       10         11       Advertising income (Schedule J)       11         12       11       11         13       Total. Combine lines 3 through 12       13       54,144.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)         14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       16       34.6.         16       adebts       17       18         17       18       Interest (attach schedule)       19       1,893.         20       20       21       725.       22         21       725.       22       22       725.         22       Expression claimed on Schedule A and elsewhere on return       22       23       24         25       Excess exempt express (Schedule I)       26       27       25       22         23       Charitable schedule)       27       30       41,650.       23       41,650.       23       41,44.       31,650.       32       41,3,439.>       33	-			- 1 111	-						
10       Exploited exempt activity income (Schedule 1)       10       11         11       Advertising income (Schedule 1)       11       11         12       Other income (See instructions; attach schedule.)       12       12         12       Total. Combine lines 3 through 12       13       54 , 144 .       54 , 144 .         Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       53 (5 - 2)         14       Compensation of officers, directors, and trustees (Schedule K)       16       32 , 96 9 .         15       Salaries and wages       16       34 6 .         17       18       Interest (attach schedule)       18         19       1 , 893 .       20       Charitable contributions (See instructions for limitation rules.)       20         10       Depreciation claimed on Schedule A and elsewhere on return       22 a       22 b       72 5 .         21       Contributions to deferred compensation plans       24       24       26         22       Excess exempt expenses (Schedule 1)       26       27       28       31 , 650 .         23       Other deductions. Add lines 14 through 28       29 & 67 , 583 .       30       3	0				0						
11       Advertising income (Schedule J)       11       12         12       Other income (See instructions; attach schedule.)       13       54,144.         13       Total. Combine lines 3 through 12.       13       54,144.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       54,144.         13       54,144.       54,144.       54,144.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       54,144.         14       14       14       14       14         15       Salaries and maintenance       16       346.         16       Bad debts       17       18       18         19       1,893.       20       1,893.       20         10       Charitable contributions (See instructions for limitation rules.)       20       22       725.         22       Less depreciation claimed on Schedule A and elsewhere on return       23       24       25         24       25       26       26       27       25       26       26       27	10								·		
12       Other income (See instructions; attach schedule.)       12       13       54,144.       54,144.         13       Total. Combine lines 3 through 12       13       54,144.       54,144.         Part II       Deductions Not Taken Elsewhere (See instructions on deductions.)       (Except for contributions, deductions must be directly connected with the unrelated business income.)       14       54,144.         14       Compensation of officers, directors, and trustees (Schedule K)       14       15       32,969.         16       Repairs and maintenance       16       346.       17         18       Interest (attach schedule)       18       19       1,893.         20       Charitable contributions (See instructions for limitation rules.)       20       22       225.         21       725.       22       22       725.         22       Depreciation (attach Form 4562)       23       24       24         25       Employee benefit programs       26       26       27         26       Excess readership costs (Schedule I)       27       20       21       31       0.         26       Excess readership costs (Schedule J)       28       29       67,583.       29       67,583.       29       67,583.       31		Advertising income (	Schedul	e J)							
13       Total. Combine lines 3 through 12.       13       54,144.       54,144.         Part II       Deductions Not Taken Elsewhere (See instructions on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)       14         14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       16         16       346.         17       18         18       17         19       1,893.         20       21         21       725.         22       22         23       24         24       25         25       22         26       21         725.       22         24       22         25       22         26       21         27       22         28       27         29       67,583.         20       31         21       27         22       22         23       24         24       26         25       26         26       27         27	12	Other income (See in	struction	ns; attach schedule.)	$ \rightarrow $						
Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)         14       Compensation of officers, directors, and trustees (Schedule K)       14         15       322,969.         16       346.         17       18         18       17         19       1,893.         20       20         21       725.         22       22         22       725.         23       24         24       Contributions (See instructions for limitation rules.)         25       22         26       21         27       22         28       725.         29       67,583.         24       25         25       26         26       27         27       28         28       29         29       67,583.         29       67,583.         20       31         21       0.         22       29         23       24         24       26         27 <td< td=""><td>13</td><td>Total. Combine lines</td><td>s 3 throu</td><td>gh 12</td><td></td><td></td><td></td><td></td><td>54,144.</td></td<>	13	Total. Combine lines	s 3 throu	gh 12					54,144.		
14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       15       32,969.         16       Repairs and maintenance       16       346.         17       Bad debts       17       18         19       Taxes and licenses       19       1,893.         20       Charitable contributions (See instructions for limitation rules.)       20         21       725.       20         22       22b       725.         23       22b       725.         24       22b       725.         25       22b       725.         26       27       22.         27       22b       725.         28       Enclose second compensation plans       24         26       27       27         27       28       27         28       Other deductions. Add lines 14 through 28       29       67,583.         30       <13,439.>       31       0.       31       0.         31       0.       31       0.       31,439.>       33       1,000.         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.) <td< td=""><td>Pa</td><td>rt II Deductio</td><td>ons No</td><td>ot Taken Elsewhere (See instructions for</td><td></td><td></td><td></td><td></td><td></td></td<>	Pa	rt II Deductio	ons No	ot Taken Elsewhere (See instructions for							
15       Salaries and wages       15       32,969.         16       Repairs and maintenance       16       346.         17       Bad debts       17       18         18       Interest (attach schedule)       18       18         19       1,893.       20         21       725.       20         22       22b       725.         23       22b       725.         24       23       24         25       26       22         26       22       22         27       26       26         26       27       26         26       27       28         27       28       31,650.         29       67,583.       30         30       413,439.>       31         31       0.       31       0.         32       43,439.>       33       31,000.       31       0.         33       34,000.       31       33       1,000.       33       1,000.         34       <13,439.>       34       <13,439.>       33       1,000.       33       1,000.         34       <13,439.					-		,				
16       Repairs and maintenance       16       346.         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19       1,893.         20       Charitable contributions (See instructions for limitation rules.)       20         21       Page 2       725.         22       22       725.         23       24       23         24       25       26         25       26       27         26       27       26         27       26       27         28       21       55         29       67,583.       29         29       67,583.       29         30       Variage 2       31         30       Variage 3       31         31       Net operating loss deduction. Subtract line 29 from line 13       30         32       <13,439.>       33         33       1,000.       33       1,000.         34       <13,439.>       33       1,000.	14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)		••••••		14			
17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19       1,893.         20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21       725.         22       22a       22b       725.         23       24       23         24       25       24         25       26       27         26       27       26         27       28       31, 650.         28       Other deductions (attach schedule)       28         29       67, 583.       29         30       <13, 439.>       31         31       0.       31       0.         32       <13, 439.>       32       <13, 439.>         33       1,000.       33       1,000.       33       1,000.		Salaries and wages						<u> </u>			
18       Interest (attach schedule)       18         19       Taxes and licenses       19       1,893.         20       Charitable contributions (See instructions for limitation rules.)       20         21       725.       22         22       22       725.         23       24       23         24       24       24         25       26       27         26       27       27         27       28       0ther deductions (attach schedule)         27       26       27         28       0ther deductions (attach schedule)       27         29       67,583.       29         30       <13,439.>       31       0.         31       0.       31       0.       31       0.         32		Repairs and mainter	nance						346.		
19       Taxes and licenses       19       1,893.         20       Charitable contributions (See instructions for limitation rules.)       20         21       725.         22       22b       725.         23       22b       725.         24       23       24         25       26       26         26       27       26         27       26       27         28       29       67,583.         29       67,583.       30         29       67,583.       30         20       31       0.         39       Specific deduction (limited to the amount on line 30)       31         30       413,439.>       33         33       1,000.       33       1,000.		Bad debts				••••••					
20       Charitable contributions (See instructions for limitation rules.)       20         21       Depreciation (attach Form 4562)       21       725.         22       22b       725.         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule 1)       26         27       Excess readership costs (Schedule 1)       27         28       Other deductions (attach schedule)       28         29       67,583.       29         30       <13,439.>       31         31       Other deduction (limited to the amount on line 30)       31       0.         32       Unrelated business taxable income before specific deduction. Subtract line 29 from line 13       30       <13,439.>         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       <13,439.>		Interest (attach sche	edule)			••••••	• • • • • • • • • • • • • • • • • • • •		1 000		
21       725.         22       725.         23       22         24       23         25       24         26       25         27       26         28       31,650.         29       67,583.         30       <13,439.>         31       0.         32       <13,439.>         33       1,000.         34       <13,439.>		Charitable contribut	ione (Sa	a instructions for limitation rules )	•••••				<u> </u>		
22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b       725.         23       Depletion       23         24       24         25       26         26       26         27       26         28       31,650.         29       67,583.         30       413,439.>         31       0.         32       0.         33       1,000.         34       0.         33       1,000.         34       0.13,439.>		Depreciation (attach	Form A	562)	•••••		725				
23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       28       Other deductions (attach schedule)       27         28       Other deductions. (attach schedule)       27       28       31, 650.         29       Total deductions. Add lines 14 through 28       29       67, 583.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       <13, 439.>         31       O.       31       O.         32       <13, 439.>       33       1, 000.         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1, 000.         34       <13, 439.>       34       <13, 439.>		Less depreciation cl	laimed o	n Schedule A and elsewhere on return	•••••	229	143.	1 1	725		
24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28       31,650.         29       67,583.       29       67,583.         30       version of the amount on line 30.       30       version of the amount on line 30.         31       O.       31       O.         32       version of the amount on line 30.       31       0.         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1,000.         34       version of the 32       version of the 32       version of the 32								1 1	143.		
25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       SEE STATEMENT 1       28       31,650.         29       67,583.       29       67,583.       30       <13,439.>         30       <13,439.>       31       0.       31       0.         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       <13,439.>         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1,000.         34       <13,439.>       <<13,439.>		Contributions to del	ferred co	mpensation plans	•••••	*****					
26       Excess exempt expenses (Schedule 1)       26         27       Excess readership costs (Schedule J)       27         28       31,650.       28         29       67,583.       29         30       <13,439.>         31       0.         32       <13,439.>         33       1,000.         34       <13,439.>		Employee benefit pr	ograms	·····	•••••		•••••				
27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       SEE STATEMENT 1       28       31,650.         29       67,583.       29       67,583.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       <13,439.>         31       0.       31       0.         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       <13,439.>         33       1,000.       33       1,000.       33       1,000.         34       <13,439.>       34       <13,439.>	26	Excess exempt expe	enses (S	chedule I)							
28       Other deductions (attach schedule)       SEE       STATEMENT 1       28       31,650.         29       67,583.       29       67,583.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       <13,439.>         31       0.       31       0.         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       <13,439.>         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller       34       <13,439.>	27	Excess readership o	osts (So	hedule J)				27	· · · · · · · · · · · · · · · · · · ·		
29       Total deductions. Add lines 14 through 28       29       67,583.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       <13,439.>         31       0.       31       0.         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       <13,439.>         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1,000.         34       Variated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller       34       <13,439.>	28	Other deductions (a	ttach sc	hedule)		SEE STAT	EMENT 1		31,650.		
30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       <13,439.>         31       0.       31       0.         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       <13,439.>         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller       34       <13,439.>	29	Total deductions	s. Add lir	nes 14 through 28				29	67,583.		
32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       <13,439.>         33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller       34       <13,439.>	30	Unrelated business	taxable i	ncome before net operating loss deduction. Subtra	ct line 29	from line 13		30	<13,439.>		
33       Specific deduction (Generally \$1,000, but see instructions for exceptions.)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       <13,439.>		Net operating loss of									
34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller         of zero or line 32       34         <13,439.>	_	Unrelated business	taxable i	ncome before specific deduction. Subtract line 31 f	rom line	30					
of zero or line 32 34 <13,439.>		3 Specific deduction (Generally \$1,000, but see instructions for exceptions.)									
	34								12 420		
D23-03-11 LHA For Paperwork Reduction Act Notice, see instructions. Form <b>990-T</b> (2010)	02370 03-03	LHA For Par						34	< <u>13,439.</u> > Form <b>990-T</b> (2010)		

Form 990-T (2010)	NEW MEXICO	CATTLE	<u>GROWERS '</u>	ASSOCIATION	1	85-00	56700	Pag	<i>j</i> e 2
Part III 7	ax Computation								
35 Orgar	izations Taxable as Corporat	ions. See instru	ictions for tax com	putation.					
Contr	olled group members (section	s 1561 and 156	3) check here 🕨	See instructions an	d:				
	your share of the \$50,000, \$2	5,000, and \$9,9	25,000 taxable inc		r):				
(1)	\$	(2) \$		(3) \$					
b Enter	organization's share of: (1) Ac	dditional 5% tax	: (not more than \$1	1,750) \$					
(2) A	dditional 3% tax (not more tha	in \$100,000)		\$					
c Incom	ne tax on the amount on line 3	4				►	35c	(	Ο.
36 Trusts	s Taxable at Trust Rates. See	instructions for	tax computation. I	income tax on the amount	on line 34	l from:			
	Tax rate schedule or	Schedule D (For	m 1041)			►	36		
37 Proxy	tax. See instructions					►	37		
38 Altern	ative minimum tax						38		
<u> </u>	Add lines 37 and 38 to line 35	5c or 36, which	ever applies				39	(	<u>).</u>
Part IV 1	ax and Payments								
	n tax credit (corporations atta								
b Other	credits (see instructions)				40b				
c Gener	al business credit. Attach Forr	n 3800		, , , , , , , , , , , , , , , , , , , ,	40c				
d Credit	; for prior year minimum tax (a	attach Form 880	1 or 8827)		40d				
e Total	credits. Add lines 40a through	h 40d					40e		
41 Subtra	act line 40e from line 39	·····	<u></u>	·····	<u></u> .		41	(	0.
42 Other	taxes. Check if from: 🔛 Fo	rm 4255 🛄	Form 8611	Form 8697 🛄 Form 88	66 🔛	Other (attach schedule)	42		
							43	(	0.
	ents: A 2009 overpayment cro					1,383	•		
<b>b</b> 2010	estimated tax payments				44b				
c Tax d	eposited with Form 8868				44c				
	n organizations: Tax paid or v								
e Backı	ip withholding (see instruction	ns)			44e				
	for small employer health ins				<b>44</b> f		_		
	credits and payments:	Fc	orm 2439						
				Total 🕨					
45 Total	payments. Add lines 44a thro	ugh 44g		·····			45	1,383	<u>3.</u>
	ated tax penalty (see instruction								
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed									
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid								1,383	
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax ► 1,383. Refunded ► 49 C Part V Statements Regarding Certain Activities and Other Information (see instructions)								<u>0.</u>	
						· · · · · · · · · · · · · · · · · · ·			
	e during the 2010 calendar ye							Yes N	No
(bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and									
Financial A	Accounts. If YES, enter the nar ax year, did the organization receive nstructions for other forms the orga	ne of the foreign	n country here	of or transferer to a foreign to	uct2				<u>X</u>
									<u>X</u>
	amount of tax-exempt interest					•			
	A - Cost of Goods S		ethod of inventor				- F		
	at beginning of year	1		6 Inventory at end of ye			6		
2 Purchases	***************************************	2		7 Cost of goods sold. S					
	Dor	3		from line 5. Enter her			7		
	section 263A costs	4a		8 Do the rules of sectio		-		Yes M	No
	ts (attach schedule)	4b		property produced or	acquired	for resale) apply to			
	d lines 1 through 4b	5		the organization?					<u>X</u>
Sign	nder penalties of perjury, I declare the rrect, and complete. Declaration of	nat I have examine preparer (other tha	d this return, including in taxpayer) is based o	accompanying schedules and a all information of which prepa	statements ver has any	;, and to the best of my kr v knowledge.	nowledge and	pelief, it is true,	
Here								liscuss this return with	h
	Signature of officer Date							hown below (see	
				1			instructions)?	X Yes 1	No
	Print/Type preparer's name		Preparer's signal	Da	ate	Check	if PTIN		
Paid	DALLA RAM	use		<b>n</b>	E /1 0	self- employe		0 2 0 1 1 7 1	
Preparer			MITCOEN	PC	5/10/			0301171	
Use Only		). BOX 1				Firm's EIN	00	-0407093	
	Firm's address <b>ALB</b>			184-0760		Phone no.	(505	)878-082	0

### Form 990-T (2010) NEW\_MEXTCO\_CATTLE\_GROWERS' ASSOCIATION 85-0056700 Period Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) Page 3

1. Description of property										
(1)										
(2)										
(3)										
(4)										
<u></u>	2	Rent receive	ed or accrued	1						
(a) From personal property (i rent for personal property 10% but not more th	is more that	tage of In	(b) Fro	rent for pe	d personal property rsonal property exc is based on profit of	ceeds 50% or	ntage r if	3(a) Deductions direct columns 2(a)	lly conn and 2(b	ected with the income in ) (attach schedule)
(1)										
(2)										
(3)				·						
(4)										
Total		0.	Total				0.		<u></u>	
(c) Total income. Add totals of co here and on page 1, Part I, line 6,	column (A	)	🕨				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		(
Schedule E - Unrelated	d Debt-	Financed	Incom	e (see i	nstructions)					
					2. Gross inc	ome from		<ol> <li>Deductions directly control to debt-fination</li> </ol>		
1. Description o	f debt-finan	ced property			or allocable financed p		(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)					· · · · · · · · · · · · · · · · · · ·				+	
(2)										
(3)						<u> </u>		· · · · · · · · · · · ·		
(4)						·				
4. Amount of average acquisition 5. Average debt on or allocable to debt-financed of or a property (attach schedule) debt-fina		ge adjusted basis r allocable to hanced property ch schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		<ul> <li>8. Allocable deductions</li> <li>(column 6 x total of columns</li> <li>3(a) and 3(b))</li> </ul>	
(1)						%		·		
(2)						%				
						%		·		
(3) (4)						%				
					1	/0		nter here and on page 1,		Enter here and on page 1,
							F	art I, line 7, column (A).		Part I, line 7, column (B).
Totals						)			0.	
Total dividends-received deduc	tions inclu	ided in colum	n 8							
Schedule F - Interest,	Annuit	ies, Roya	lties, an					nizations (see in	struc	tions)
				Exemp	t Controlled O	rganizatio	ns	···· [ ·····		· · · · · · · · · · · · · · · · · · ·
1. Name of controlled organiza	tion	2 Employer id num	entification		3. rrelated income see instructions)		4. If specified ents made	5. Part of column 4 included in the cont organization's gross	rolling	6. Deductions directly connected with income in column 5
(1)										+
(2)								····		
(3)										
(4)		1								
Nonexempt Controlled Organ	izations					,				
7. Taxable Income	8. Ne	t unrelated incor (see instruction		9. To	atal of specified pay made	ments	in the cor	column 9 that is included strolling organization's gross income	11.	Deductions directly connec with income in column 10
							<u>.</u>			
	+				·				[	
(2)										
(3)					· · ·					
_(4)										
							Enter here	columns 5 and 10. e and on page 1, Part I, e 8, column (A).	En	Add columns 6 and 11. ter here and on page 1, Part line 8, column (B).
Totals								0.		
Totals		<u></u>	<u></u>	· · · · · · · · · · · · · · · ·					L	

# Form 990-T (2010) NEW MEXICO CATTLE GROWERS' ASSOCIATION

85-0056700

Page 4

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

(666 mar								
1. Description of income				2. Amount of income	<ol> <li>Deduc directly con (attach sch</li> </ol>	nected 4.	Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
			E	nter here and on page 1, art I, line 9, column (A).		I		Enter here and on page 1, Part I, line 9, column (B).
			🕨	0.				0.
Schedule I - Exploited (see instru		ty Income,	Other	Than Advertisi	ng Incon	ne		
1. Description of exploited activity	2. Gross unrelated business income from	3. Expendirectly con- with produ	nected Iction	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a	5. Gross ir from activit is not unre	y that	. Expenses	7. Excess exempt expenses (column 6 minus column 5,
	trade or business	of unrela business in		gain, compute cols. 5 through 7.	business in		column 5	but not more than column 4).
(4)								
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	arti,					Enter here and on page 1, Part II, line 26.
Totals ►	0		0.					0.
Schedule J - Advertisi	ng Income (see	e instructions)						
Part I Income From	Periodicals Re	ported on	a Cons	olidated Basis				
<u> </u>								
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.	5. Circu incol		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
/1)								
(1)				-				
(2)				4				
(3)								
_(4)								
Totals (carry to Part II, line (5))	►	0.	0.			1		0.
Part II Income From	Periodicals Re	ported on	a Sepa	rate Basis (For e	each period	ical listed in Pa	art II, fill in	
	7 on a line-by-line l			,			·	
				A 14.00				7 -
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		ulation 6. me	Readership costs	<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I	Entre training	0.	0.	<u> </u>				0.
	Enter here an page 1, Par line 11, col.	t I, page (A). line 1	ere and on 1, Part I, 1, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		_0.	0.					0.
Schedule K - Compen	sation of Offic	ers, Direct	tors, an	d Trustees (see	instruction	s)		
1. (	Name			2. Title		<ol> <li>Percent of time devoted to business</li> </ol>		pensation attributable related business
(1)						%		
(2)							1	
			-		l.	%		
(3)						%		
_(4)						%		
Total. Enter here and on page 1, I	Part II, line 14					🕨		0.

## NEW MEXICO CATTLE GROWERS' ASSOCIATION

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### 85-0056700

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1

DESCRIPTION	AMOUNT
MEETING & MEMBERSHIP	13,561.
OFFICE EXPENSE	3,176.
RENT EQUIPMENT	736.
ENTERTAINMENT	524.
INSURANCE	3,151.
ADVERTISING	3,520.
PROFESSIONAL FEES	594.
DUES & SUBSCRIPTIONS	496.
TELEPHONE & UTILITIES	1,820.
TRAVEL & AUTOMOTIVE	1,403.
ON LINE SERVICES	1,186.
CONTRIBUTIONS	1,483.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	31,650.

STATEMENT(S) 1